EFFECTIVENESS OF CHILD TO CHILD PROGRAM THROUGH POWER POINT PRESENTATION ON KNOWLEDGE REGARDING ILL EFFECTS OF TELEVISION WATCHING AMONG SCHOOL CHILDREN

A DISSERTATION SUBMITTED TO THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

OCTOBER – 2015

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BY

301317152

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Certified that this is the bonafide work of

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At the Annammal College of Nursing,

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Submitted in partial fulfillment of the requirements for

the degree of Master of Science in Nursing from the Tamilnadu

Dr. M.G.R. Medical University, Chennai.

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OCTOBER - 2015

EFFECTIVENESS OF CHILD TO CHILD PROGRAM THROUGH POWER POINT PRESENTATION ON KNOWLEDGE REGARDING ILL EFFECTS OF TELEVISION WATCHING AMONG SCHOOL CHILDREN

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DECLARATION

I hereby declare that the present dissertation title **"A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary school, Kuzhithurai at Kanyakumari District"** is the outcome of the original research work undertaken and carried out by me under the guidance of **Prof. Mrs. J.M Jerlin Priya M.Sc (N), Ph.D Principal cum professor** in Medical Surgical Nursing Department, and **Mrs. B. Bebiula Sahaya Rani M.Sc (N), HOD,** in Child health Nursing. I also declare that the material of this has not found in any way, the basis for the award of any degree or diploma in the university or any other university.

301317152

M.Sc. Nursing II year

ACKNOWLEDGEMENT

I wish to acknowledge my heartfelt gratitude to the **LORD ALMIGHTY** for all the wisdom, knowledge, guidance, strength, protection, shield and support. He has offered me throughout this endeavour and given me courage to overcome the difficulties and thus complete this study successfully.

It is my honour to thank our beloved Chairman **Dr. Sheeba Jayalal MBBS., DGO.,** for providing entire facility and encouragement for conducting this study.

I express my sincere gratitude to **Dr.Jayalal MS., FICS., DLS(Germany)., MBA., FIAGES.,** Hon. Secretary of Annammal College of Nursing for giving me the precious opportunity to be a part of this esteemed institution.

I, consider myself to be privileged to express my honest and sincere gratitude to **Prof. Mrs. J.M. Jerlin Priya M.Sc (N)., Ph.D** Principal cum professor, Annammal College of Nursing, for her invaluable guidance, affection, continuous support, promising criticisms, suggestions and concern during the entire course of this dissertation.

At this moment I convey my profound gratitude to **Mrs. Sujatha M.Sc(N).,** Vice Principal and Class Coordinator of II year M. Sc Nursing, for her guidance, encouragement and support which helped me in completion of this dissertation.

I extend my deepest gratitude to **Mrs. B. Bebiula Sahaya Rani. M.Sc. (N).,** HOD in Child Health Nursing for her time in checking and rechecking the manuscripts and for sharing her suggestions which was a key for the successful completion of this study.

I express my thanks to **Mrs. Shali. M.Sc. (N)., Mrs. Divya. M.Sc (N**), **Assistant Professors** in Department of Child Health Nursing for their guidance and suggestions for the completion of the study.

I express my thanks to the **entire faculty of Annammal College of Nursing, Kuzhithurai,** for their co-operation and encouragement.

I am pleased to convey my profound thanks to **Headmistress, Kids Oxford Matriculation Higher Secondary School, Kuzhithurai** who allowed me to conduct this study and also the faculties for their cooperation in the path of research activities.

I am deeply indebted to **Dr. Rajendran MBBS, DCH., Paediatrician**, Rajendran Clinic, Marthandam my Medical guide for his timely advice and guidance throughout the study.

I extend my thanks to **Mr. Anto John Britto M.Sc., M.Ed., M.Phil., P.G.DBM.,** Professor of Bio Statistics, for his valuable opinion, suggestions and guidance in analysis and interpretation of data.

I am very much grateful to **Mrs. Mary Shajitha.,** Librarian of my college for her help in procuring books whenever required.

I thank all the **office staff** for their help in taking photocopies of study reviews.

I express my deep sense of gratitude and heartfelt thanks to the **experts** who have validated and edited my study and who devoted their valuable hours in solving my doubts and in providing meticulous attention.

It's my great pleasure to express my deep sense of special gratitude to my parents **M.Gabriel (late), Mr. G.Mary Sarojam,** my loving husband **Mr. B. Vinoj B.E,** my daughter **V.B. Juhia,** my son **V.B. Juhaan,** my father in law **Mr. V. Bala Krishnan,** my mother in law **Mrs. Renjethem, my family members** and **my dear friends** for their continuous help and support throughout the study and encouraging me to overcome the tides of heavy schedules and problems in the path of progress in this study.

301323152

M. Sc (N) II year

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EFFECTIVENESS OF CHILD TO CHILD PROGRAM THROUGH POWER POINT PRESENTATION ON KNOWLEDGE REGARDING ILL EFFECTS OF TELEVISION WATCHING AMONG SCHOOL CHILDREN

INTRODUCTION

Television watching is an enjoyable activity for the children. It is the window of the world. From the past few decades television has crawled to Indian homes. Accessibility to television is on increase day by day and has been accepted by the society. Varieties of programmes like News, Sports, Educative, Entertainment, Cartoon etc are available round the clock. These are especially designed to attract all sectors of society, specially the children. Children who watch television too much have several bad effects, three of which are effect to their cognitive, effect to their health, and effect to their habit. First effect is to their cognitive. Children who watch television programs can be lack of concentration. The second effect is to their health. The child who likes to watch television programs can be in front of it many hours. If the children watch television programs too much, they will have a problem with their eyes, overweight, etc. The third effect is their habit. They become lazy to do something else such as study because they do not want to miss the television programs. It will influence their intelligence. Another bad effect to their habit is they will be influenced a violence in some television programs because they have not been able to think long and think what is better or bad. In brief, watching TV programs too much will give the children bad effects.

Chithra J (2009) conducted a quasi- experimental study to evaluate the effectiveness of child-to child approach through planned teaching program in reducing harmful effects of TV watching among selected schools in Bangalore. An evaluatory approach with pre test and post test design was used. Convenient sampling technique was used. Sample sizes of 60, 8th standard school children were selected. A structured questionnaire was conducted to select the change agent. Child to child programme was conducted through planned teaching program. There was significant difference between pre-test and post-test results about harmful effects of TV watching. The major findings of the study revealed that the knowledge level has increased from 40.2% to 75.8% in the post test. The results indicated that child-to-

child programme through planned teaching program reducing the harmful effects of TV watching was effective in school children.

Kennedy John (2013) conducted a study to evaluate the effectiveness of child to child programme in rural Hariyana about the concept of television watching and its bad effects. A child to child programme was carried out in eighth and ninth standard students of six rural schools. 590 students and 80 peers from four of the project schools were evaluated and compared with 199 children and 45 peers from two control schools. The project children showed higher knowledge in the topic at the end of the year. They also improved their practices at home.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District.

OBJECTIVES OF THE STUDY

- To assess the pre test and post test level of knowledge regarding ill effects of television watching among school children.
- To evaluate the effectiveness of child to child program through power point presentation by comparing the pre test and post test level of knowledge regarding ill effects of television watching among school children.
- To find out the association between the post test level of knowledge regarding ill effects of television watching and selected socio demographic and clinical variables among school children.

HYPOTHESES

H_1 - There will be a significant difference between pre test and post test level of knowledge regarding ill effects of television watching among school children.

H_2 - There will be significant association between the post test level of knowledge and selected socio demographic and clinical variables among school children.

RESEARCH METHODOLOGY

A quantitative study was conducted to assess the effectiveness of child to child program through power point presentation regarding ill effects of television watching. The study was conducted in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District. Formal permission was obtained from the school before the data collection. The researcher selected 6 change agents and the health education on ill effects of television watching was given to them by the researcher using power point presentation. Sample size was 60 and simple random sampling was used to select the samples. Pre test was conducted by using structured knowledge questionnaire. The total 60 samples were divided into 6 subgroups. Each group of 10 students were educated regarding ill effects of television watching by the 6 change agents who underwent health education classes by the investigator already. Post test was administered after 7 days of child to child programme. The same knowledge questionnaire was used to collect the post test data. After that the post test score was evaluated.

DATA ANALYSIS

Collected data was analysed and interpreted as per the objectives of the study by using the descriptive and inferential statistics such as frequency, percentage, mean, standard deviation, paired 't' test and chi square. Paired 't' test was used to compare the pre test and post test level of knowledge among school children. Chi square test was used to find out the association of post test level of knowledge with their selected socio demographic and clinical variables.

FINDINGS OF THE STUDY

Findings related to the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children

It represents that in pre test mean value was 13.61 with standard deviation of 2.04. Where as in post test mean value was 24.92 with standard deviation of 3.42. The mean difference was 11.31 and the paired 't' test value was 39.32. Child to child program through power point presentation was effective to increase the knowledge at 'p' value was < 0.001 (***).

Findings related to association between the post test level of knowledge and selected socio demographic and clinical variables among school children

It represents the summary of chi-square analysis, which was used to bring out the association between the post test level of knowledge among school children and their selected demographic variables like age (0.00000992***) and grade of child (0.00759**) and clinical variable like previous knowledge (0.0067**) with post test level of knowledge.

RESULT AND SUMMARY

This study was conducted to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children. The objectives of the study were to evaluate the effectiveness of child to child program and find out the association between post test level of knowledge and selected socio demographic and clinical variables among school children.

In overall, knowledge reveals that child to child program was effective to improve knowledge at 'p' value <0.0001(***). Hence the research hypothesis (H_1) was accepted. Chi square test revealed that there was a significant association between the post test level of knowledge among school children with their age, grade and previous knowledge. Hence the research hypothesis (H_2) was partially accepted.

CONCLUSION

The study revealed that child to child program helps to improve level of knowledge regarding ill effects of television watching among school children. The overall experience of conducting the study was new experience for the investigator in the field of research. The consent encouragement and the direction of guides, co-operation of respondents to participate in the study contributed to the fruitful and successful of the study.

CHAPTER I

INTRODUCTION

"Television is an instrument which can paralyze this country".

- William Wetmoreland

Television is the window of the world. From the past few decades television has crawled to Indian homes. Now the television has its firm roots in many houses across the length and breadth of the country. Accessibility to television is on increase day by day and has been accepted by the society. Varieties of programmes like News, Sports, Educative, Entertainment, Cartoon etc are available round the clock. These are especially designed to attract all sectors of society, specially the children. Many targeted programmes and commercials in television are drawing more number of children to its folds.

Television viewing is quite random these days. People are more addicted to it rather than giving time to their dear ones. It's getting quite serious and people should understand that, it is affecting their social life and thus, they should limit their viewing. The number of TV owning homes has come a long way; more than 100 million TV households have been accounted for so far. The cable operators have done a good job by building up a cable and satellite penetration of 90 million homes all over India. Most viewers in future will, however, are watching their TV mainly via cable, terrestrial and direct to home television delivered via satellite. Cable TV infrastructure will have improved.

The media that has most impact on children in the world is Television. It has also become one of the most significant socializing agents in the lives of young children. They are particularly vulnerable to the messages conveyed through television, which influence what they think and how they behave. The TV viewer has to sit in front of this glamorous small screen. Such practices have the possibility of hindering the physical, mental and psychological wellbeing.

But today the beneficial and adverse effects of television are a matter of great concern. The harmful effects have been often postulated and reported. But no serious scientific attempts have been made to confirm this. Children's television-viewing habits have been reported to be

associated with a variety of significant behavioural consequences, including obesity and poor eating habits, decreased physical activity and physical fitness, and impaired school performance. Television-viewing habits could have this impact on sleep. The presence of an independent factor, such as poor parental limit-setting, may account for both excessive television watching and bedtime resistance. Obviously television watching is harmful to both children and adult. If awareness come in to act, the ill effects of television watching can be prevented among children.

BACKGROUND OF THE STUDY

Television and computer networks have assumed central roles in our children's daily lives. The media has demonstrated potentially profound effects, both positive and negative, on children's cognitive, social, and behavioural development. It is widely accepted that media has profound influence on child health, including violence, obesity, tobacco and alcohol use, and risky sexual behaviours.

The effects of the television watching have been found to be far-reaching and potentially harmful in influencing the health-related behaviours of children and adolescents, many of whom are not yet mature enough to distinguish fantasy from reality, particularly when it is presented as "real life." This is particularly important for very young children who developmentally think concretely and are unable to distinguish fantasy from reality. Furthermore, time spent with media decreases the amount of time available for pursuing other more healthy activities such as sports, physical activity, community service, cultural pursuits, and family time.

Most researchers have concluded that protracted Television can have detrimental effects on children. It has primary negative health effects on behaviours, sexuality, academic performance, body concept, self image, nutrition, dieting and obesity, and substance abuse. Increase verbal and physical aggressiveness, reduced persistence at problem solving, greater sex stereotyping and reduced creativity have been reported repeatedly. Like movies, television programme and commercials contain many implicit and explicit messages that promote alcohol consumption, smoking, violence and promiscuous or unsafe sexual activity.

In terms of health, excessive television viewing has been linked to obesity and high cholesterol levels in children. The main problem is obesity through a lack of exercise, and so television has been blamed for this in part. This is because watching television distracts the receptors in the brain which let the child know when they are full. However, there is no research to state that this has any more effect than general family habits. Television is like any other factor in life; it viewing, and so it is down to personal and family choice.

According to IAP 2010, Children, who observe others exhibiting a specific aggressive behaviour in the media or in the environment around them are more likely to perform the same aggressive behaviour immediately. Exposure to media violence has been positively related to subsequent aggressive behaviour, ideas, arousal, and anger. Additionally, there is a significant negative effect of exposure to violence on subsequent helping behaviour. Infrequent exposure is not likely to produce lasting consequences, but parents, particularly need to be urged to protect their children against the kind of repeated exposures that excessive play with violent video games or immersion in violent TV programs.

Ray, et al. (2014) from India reported that children having exposure to violence through watching television had poorer school performance and its impact on their psychosocial adjustments was detrimental. Another study from India showed that vivid display of violence through media caused stress in adolescents.

Yama, et al. **(2012)** described that some of the fears, tensions, bad dreams and tendencies towards delinquencies of children are a result of frequent and a regular exposure to murder-mystery movies, and stories filled with violence and torture that children view on TV and movies. Association between TV viewing and suicidal behaviour has also been reported from India. Both content exposure and screen time of media had independent detrimental associations with school performance in children and adolescents

Primack, et al. **(2009)** showed that excessive TV viewing in children is a risk factor for development of depression in young adulthood. TV viewing may play an exacerbating, if not causal, role in the development of attention-deficit/hyperactivity disorder (ADHD). This hypothesis is consistent with evidence indicating that children with ADHD watch more television than their peers and experience significant impairments in comprehending stories, a crucial skill in achieving academic success.

NEED FOR THE STUDY

Television is simply automated day-dreaming.

- **Lee Lovinger**

Child viewer is in very active developmental stages. Their attitudes, beliefs, and ideas about the world, as well as physical and social skills, are taking form; and they absorb information from everywhere. Because of the considerable number of hours spent viewing television, however, television becomes a disproportionately informational and attitudinal source.

The amount of television watched, or thought to have been watched, by children has caused considerable concern for parents and educators alike. It is thought that children remain glued to the set for long periods of time, viewing unsuitable programme which may adversely affect not only their cognitive and emotional development, but their academic achievement. There is no doubt that children are susceptible to the images which they see on the television screen.

Dietz and Gortmaker (2013) reported that each additional hour of TV viewing per week increased the risk of obesity by 2%. The experimental study by Robinson found strong evidence of a causal link between TV viewing and children being Overweight. In India, this association has also been emphasized. Mechanism of effect of TV exposure on overweight risk is undoubtedly multifactorial. It appears to operate independently from reduced physical activity. Excessive TV exposure may instead operate through the extensive advertising messages for unhealthy foods targeted at very young children or from a tendency of children to snack while watching TV. A randomized controlled trial found that increasing screen time resulted in reduced energy expenditure and increased energy intake.

Clara Joel (2012) conducted a descriptive study on determining TV viewing habits of children and their families as well as parental perspectives on the impact of TV on child health using a provider completed indigenously developed questionnaire in Hindi. The study group comprised of 109 children attending a government hospital who belonged predominantly to lower socio-economic strata with poor maternal literacy. It was observed that 100 % children watched excessive TV (> 2 hours daily), with majority viewing unsupervised and low quality content. There were minimal parental restrictions and no active discussion regarding contents. Negative impact was found on play, hobbies, sleep hygiene

and eating habits in most children. Most parents were unaware of unhealthy viewing and the associated deleterious effects. The above studies supports strongly that television watching is harmful to the children.

Ninety eight percent of households have at least one television set and many children have their own set in their bedrooms. It is extremely unlikely that any child will be denied the opportunity to watch television. The children who watches too much cartoons on television are more likely to have a Mental and Psychological Effects. From school age up to their graduation and a child watches television around 18,000hrs. This comparison is an outrage because of the amount of television that is watched by a child will have an effect on their brain, emotions and their sense to feel pain.

Considering the increasing exposure of children to newer forms of media, there is a intense need to review the current literature on the effects of media on child health both in the Western countries and India. Hence the investigator, who believes that the students are the leaders of future India, decided that there is a need to improve the knowledge of the students regarding ill effects of Television watching through power point presentation. Hence, the investigator was indentifying the effectiveness of child to child programme.

STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District".

OBJECTIVES OF THE STUDY

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- To find out the association between the post test level of knowledge regarding ill effects of television watching and selected socio demographic and clinical variables among school children.

HYPOTHESES

H_1 - There will be a significant difference between pre test and post test level of knowledge regarding ill effects of television watching among school children.

H_2 - There will be significant association between the post test level of knowledge and selected socio demographic and clinical variables among school children.

ASSUMPTIONS

The study assumes that,

- Television watching will cause increase in the risk of morbidity among school children like eye strain, obesity, behavioural problems and social withdrawal etc.
- Child to child program may help in enhancing the knowledge of school children regarding ill effects of television watching.
- Gain in knowledge will help in reducing the ill effects of television watching among school children.

OPERATIONAL DEFINITIONS

Effectiveness

In this study, it refers to the significant improvement in the knowledge scores of school children regarding ill effects of television watching, which is elicited by comparing pre test and post test mean knowledge score.

Child to child program

It is a programme through which the investigator will teach the selected school children studying 7^{th} & 8^{th} std about the ill effects of television watching through power point presentation and prepare them to pass this messages to other siblings or peers, in an effective way thereby improving the knowledge of school children regarding ill effects of television watching.

Power point presentation

In this study, power point presentation is a slide show presentation program regarding ill effects of television watching.

Knowledge

In this study, knowledge refers to the correct response given by the school children regarding ill effects of television watching, through structured knowledge questionnaire.

Ill effects:

In this study it refers to, alteration in health status of school children as a result of excessive television watching such as visual disturbances, obesity, heart diseases, behavioural disorders etc.

Television watching:

In this study, television watching is defined as an act, occasion of seeing the television for the purpose of entertaining or recreation.

School children:

In this study it refers to the children between the age group of 11 - 14 years and studying 7^{th} and 8^{th} std in selected schools.

DELIMITATIONS

The study is delimited to

- School children those who are studying 7^{th} and 8^{th} std.
- School children those who are having habits of television watching.
- 60 samples only
- Period of data collection for 4 weeks.

PROJECTED OUTCOME:

The child to child programme will improve the knowledge on ill effects of television watching among school children who will help them to reduce the habit of television watching and disseminate the knowledge to others.

CONCEPUTAL FRAME WORK

Conceptual framework is interrelated concepts or abstractions that are assembled together in some rational schemes by virtue of their relevance to a common theme.

(Polit and Beck)

The conceptual frame work set up for the study is the modified model of Daniel Stuffle Beam CIPP model (2002). Daniel Stuffle Beam proposed a prescriptive theory of nursing which is described as a conceiving of a desired situation of the ways to attain it.

CONTEXT EVALUATION

The context evaluation assess needs, problems, assets and opportunities to help decision makers define goals and priorities and help the broadergroup of users to judge goals, priorities and outcomes. The goal of a present study is imparting knowledge regarding ill effects of television watching among school children in Kanyakumari district.

INPUT EVALUATION

Input evaluation assesses the alternative approaches among competing plans to meet targeted needs and achieving goals. In this study, the input evaluation refers to

- ❖ Development of tools to assess the knowledge regarding ill effects of television watching before and after the child to child program and establishment of content validity and reliability of the tools.
- ❖ Development planned health teaching programme and preparation of power point presentation.
- ❖ Selecting the change agents.
- ❖ Health education to change agents through power point presentation regarding ill effects of television watching.

PROCESS EVALUATION

Process evaluation assess the implementation of plans to help the investigator to carryout activities and later help the broad group of user judge programme performance and interpret outcomes.

In this study the process evaluation refers to

- Selection of samples
- Pre test assessment of knowledge by structured knowledge questionnaire.
- Health education regarding ill effects of television watching by change agents.
- Post test assessment of knowledge.

PRODUCT EVALUATION

The Product evaluation identify and assess outcomes of short term and long term both intended and unintended, which help the investigator keep an enterprise focused on achieving important outcomes and ultimately to help the broader groups in meeting targeted needs. In this present study product evaluation refers to effectiveness of child to child program which was proved by comparing pre test and post test assessment of knowledge regarding ill effects of television watching.

SUMMARY

This chapter dealt with the detailed information of ill effects of television watching, background of the study, need for the study, statement of the problem, objectives of the study, hypotheses, operational definitions, assumptions, delimitation, projected outcome conceptual frame work and its model.

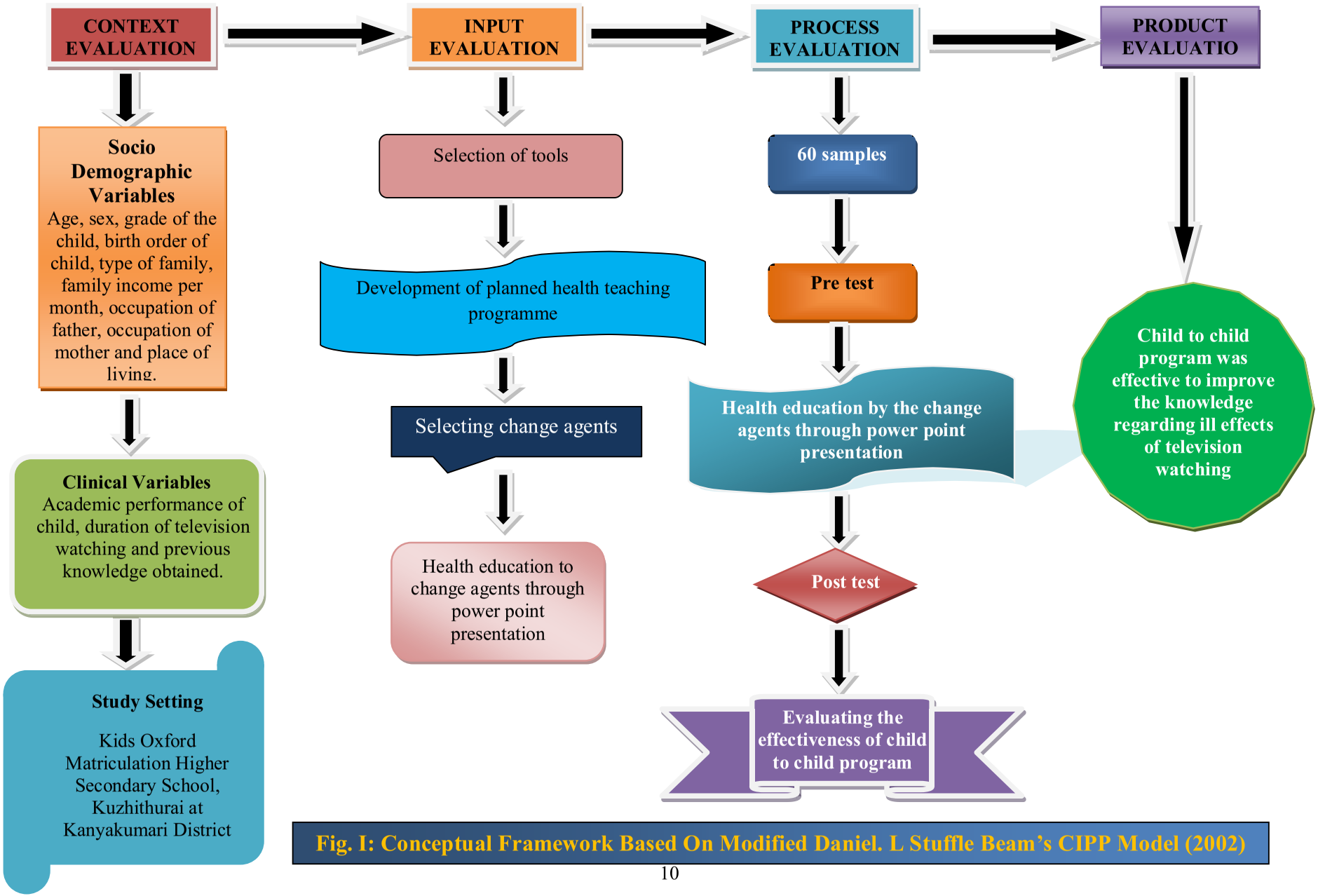

Fig. I: Conceptual Framework Based On Modified Daniel. L Stuffle Beam's CIPP Model (2002)

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a key step in research process. It refers to an extensive, exhaustive and systematic examination of publications relevant to the research project. Nursing research may be considered as a continuing process in which knowledge is gained from earlier studies in an integral part of research in general.

(Denise F Polit)

Literature review refers to the activities involved in searching for information on a topic and developing a comprehensive picture of the state of knowledge on the topic.

(Polit and Hungler 1993)

Therefore the investigator studied and received their view of literature to broaden her understanding about the topic and to gain insight into the selected problem.

In this present study the review of literature are divided into three following headings.

I. Studies related to ill effects of television watching among school children.
II. Studies related to effectiveness of child to child program on various health aspects.
III. Studies related to effectiveness of child to child program regarding ill effects of television watching.

I. STUDIES RELATED TO ILL EFFECTS OF TELEVISION WATCHING AMONG SCHOOL CHILDREN

Raghotham Sashidhar (2015) conducted a cross sectional study on different factors associated with TV watching on vision in school children in Govt. Senior Secondary Schools of Block Lakhanmajra. Datas were collected from 1265 school children. Students aged 6-15 years studying in class 1 to 10 were included in the study. Visual Acuity (VA) test was performed using Snellen's E chart and an interview was done on the basis of questionnaire. The findings of clinical examination were recorded on a pre-tested performa and were analyzed. Result of this study was out of 1265, 93 students did not watch TV. Out of the remaining 1172, 161 students (13.7 %) had defective vision. Out of 109 students (9.3 %) who watched TV in darkness, 24 students (22%) had defective vision. Out of 129 students (11 %) who watched TV from a distance of less than 5 feet, 27 students (20.9 %) had defective vision. Out of 914 students (78%) who watched TV from a distance 5-10 feet, 113 students

(12.4 %) had defective vision and out of 129 students (11%) who watched TV from a distance >10 feet, 21 students (16.3%) had defective vision. Prevalence of defective vision was more in cases of longer duration of TV watching. The results indicated that distance, duration and environment of television watching may be responsible for impairing a child's visual development. Defective vision can have a long term impact on the learning abilities of school children.

Lacunae, (2014) conducted a cross sectional study on television viewing habits among high school children to know the beneficial and harmful effects of television viewing in Khammam Town. 450 children in between 13 and 15 years of age, of both sex, studying in different schools were selected by simple random technique. Information was collected in a pre-structured proforma by interview method. The data thus obtained was subjected for analysis by using appropriate statistical tests. Data was statistically analysed by using Statistical Package for Social Sciences. P value <0.05 was considered to be statistically significant. The study revealed that out of 450 children 251 were Male and 199 were Female. Average time for TV viewing was 1.96 hours ± 1.0 /day with a range from 1 to 6 hours /day. Headache (12.6%), eye strains (11.5%), sleep disturbances (10.8%), neck pain (0.4%), nail biting (8.6%), etc were the health disturbances due to television viewing. So the study was concluded that, duration of TV viewing had direct role in causing headache and eye strain.

Bickham, et al. **(2013)** investigated the relationship between TV viewing time, content, context and peer integration in Delhi. As children spend more total time watching TV, they spend a significantly shorter amount of time with friends as compared to those who don't. Thus, viewing television causes poor peer relationships and thereby increases the risk for social isolation, anxiety disorder, agoraphobia and antisocial behaviour, including aggression and gang involvement. Study concluded that children who are spending more time to watch television are at risk for exhibiting aggressive and violent behaviour.

Joyce Giammattei, et al (2013) conducted a prospective cohort study on television exposure as a risk factor for aggressive behaviour among children in Maharashtra. Data collected at home and by telephone from parents of children born from 1998 to 2000 from 20 cities (n = 3128). Results showed that the children who were spanked in the past month (beta = 1.24, P < 0.001), lived in a disorderly neighbourhood (beta = 2.07, P < 0.001), and had a mother reporting depression (beta = 0.92, P < 0.001) and parenting stress (beta = 0.16,

P < 0.001) were significantly more likely to exhibit aggressive behaviour. Direct child TV exposure (beta = 0.16, P < 0.001) and household TV use (beta = 0.09, P < 0.001) were also significantly associated with childhood aggression, even when controlling for other factors. Study concluded that children exposed to more TV are at increased risk for exhibiting aggressive behaviour.

Marshall S J, et al (2012) conducted a Meta analysis study on relationship between media use, body fatness and physical activity in children and youth in Manipur. Included studies presented at least one empirical association between Television viewing, video / computer game use and body fatness or physical activity among samples of children and youth aged 2 – 18 years. Based on data from 52 independent samples, the mean sample – weighted effect size between Television viewing and body fatness was 0.066. The sample weighted fully corrected effect size was 0.084. A statistically significant relationship exists between television viewing and body fatness among children and youth.

Parameshwara Reddy (2009) conducted a study on the effects of television viewing on a child's eating habits, general physical health, physical activities and interest in study and school performance at Sir Padampat Mother & Child Health Institute, Jaipur (Rajasthan). 250 children of 3-10 years age groups were studied for a period of nine months (January 2009 to September 2009). Average duration of television exposure to an individual child was 18.5 hours per week in the study. Increase in weight was observed in 19.6% children suggesting that the television viewing may predispose to childhood obesity. In 30.4% cases decrease in physical activity was found, 18.4% children showed decreased interest in study, while 10% children showed decrease in school performance and sleep pattern was disturbed in 24% children. Medical problems were found in 11.6% children. Significantly two children had precipitation of fits on television viewing.

Villani S (2006) conducted a study on impact of media on children and adolescents to review the research literature published within the past 10 years regarding the impact of media on children and adolescents in Orissa. Media categories researched with computer technology included Television and movies, rock music and music videos, advertising, video games, and computers and the Internet. The primary effects of exposure are increased violent and aggressive behaviour, increased high risk behaviours, including alcohol and tobacco use, accelerated onset of sexual activity.

Munni Ray (2005) conducted a survey study on television viewing and dietary intake in Chandigar. With the instrument of questionnaires, were analyzed for 564 middle school students and 1366 high school students who had complete data. The children were categorized that limited television users (<2 hours/daily), moderately high television viewers (2-5 hours/daily), and heavy television viewers (>/=5 hours/daily). Among the younger cohort, heavy television viewers reported lower fruit intake and higher sugar-sweetened beverage consumption than the other two groups. Among the older cohort, watching five or more hours of television per day, predicted lower intakes of fruits, vegetables, whole grain and calcium-rich foods, and higher intakes of trans fat, fried foods, fast food menu items, snack products, and sugar-sweetened beverages (products commonly advertised on television) five years later. Study concluded that television viewing in middle and high school predicted poorer dietary intake five years later. Television viewing, especially during high school, may have long-term effects on eating choices and contribute to poor eating habits in young adulthood.

II. STUDIES RELATED TO EFFECTIVENESS OF CHILD TO CHILD PROGRAM ON VARIOUS HEALTH ASPECTS

Clin Nurs J (2013) conducted a quasi- experimental study to evaluate the effectiveness of child-to-child approach through role play on prevention of worm infestation in selected school in Bangalore. An evaluatory approach with pre test and post test design was used. Convenient sampling technique was used. Sample sizes of 30, 4th standard school children were selected. A structured interview schedule was conducted. Child to child programme was conducted through role play. There was significant difference between pre test and post-test results about prevention of worm infestation. The results indicated that child-to-child programme through role play on prevention of worm infestation in school children is effective.

Muneeswari B (2013) conducted a quasi experimental study to assess the effectiveness of teaching programme using child to child approach on knowledge of selected first aid measures among children at Dharapuram in Erode district, Tamil Nadu. Total 200 samples were selected by simple random sampling method. The results showed that ('Z'value =1.96) mean pre and post-tests value were 10.26 and 21.55. The study concluded that about 68.5

percent of students gained adequate knowledge after teaching programme using child-to-child approach.

Leena K C (2012) conducted a quasi experimental study to determine the effectiveness of traditional and child to child approach of health education among primary school children at Karnataka. 100 samples were selected through cluster sampling technique. Health education was provided to a group of children using traditional methods. To another group health education was provided through peers trained and motivated by the investigator to carry out peer interaction. The study found the mean difference in the knowledge scores of children significant in traditional health education group ($t=5.61$, $p<0.05$), child to child group ($t=6.42$, $p<0.05$). A significant difference in the post health education knowledge scores were observed ($t=2.06$, $p<0.05$). A significant association was found between pre health education knowledge scores and education of parents ($x=9.74$, $p<0.05$). The study concluded that through proper training of peers and motivation the child to child approach to health education improves the knowledge level of children on common issues concerning children in an effective way.

Rasslan O et al (2012) conducted a study to evaluate the effectiveness of child to child programme on knowledge regarding sex and sex related issues in a selected school in Bhopal. The research approach selected was evaluative. The sampling technique was purposive and sample size was 10 change agents and peer groups. The tool comprised of structured questionnaire. The pre test knowledge scores range between 29.2 % to 43.3 % and post test knowledge scores range between 65.3 % and 88.4 %. The gains in knowledge scores range between 25.6% and 45 %. The result showed that the post test knowledge was greater than the pre test knowledge in every section of child to child programme.

Pallavi M K (2011) conducted a study to assess the impact of child to child programme on knowledge, attitude and practice regarding diarrhoea among rural school children in Belgaum district in Karnataka. The subjects included sixth grade students of primary schools. Pre designed questionnaire was administered to study group and the control group students to know their knowledge, attitude and practice prior to starting of the programme. Once a week one hour child to child session were conducted for the study group students. The result of the study showed that child to child programme had made a significant improvement in the

knowledge, change in attitude and practice of the study group students after the intervention when compared to control group students.

Chaturvedi A et al (2007) conducted an evaluative study to evaluate the effectiveness of child-to-child programme on prevention of vitamin A deficiency among high school children in selected government schools of Bangalore. An evaluatory approach with pre test and post test was used. Purposive sampling was used to select 200 samples. Pre test was conducted to the samples and 20 'change agents' were selected based on the high pre test scores and the interest of the children and the planned teaching program on prevention of deficiency of vitamin A was conducted to them and they were asked to teach their peers. Pre test knowledge score was 29.4% and it was increased to 88.54% on post test. So the results concluded that child- to- child programme is effective on prevention of Vitamin A deficiency.

III. STUDIES RELATED TO CHILD TO CHILD PROGRAM AND ILL EFFECTS OF TELEVISION WATCHING

Kennedy John (2013) conducted a study to evaluate the effectiveness of child to child programme in rural Hariyana about the concept of television watching and its bad effects. A child to child programme was carried out in eight and ninth students of six rural schools. 590 students and 80 peers from four of the project schools were evaluated and compared with 199 children and 45 peers from two control schools. The project children showed higher knowledge in the topic at the end of the year. They also improved their practices at home.

Abiyona Krongo (2010) conducted an experimental study to assess the effectiveness of child to child programme to reduce the incidence of harmful effects of television watching among 7^{th} standard students of Don Bosco Matriculation High school at Hyderabad city. The study was conducted among 120 students. Convenient sampling technique was used to select the samples. Pre test was conducted to the samples and 20 students were selected based on the high pre test scores and the planned teaching program on harmful effects of television watching was conducted to them. They were asked to teach their peers about the knowledge they gained from the class. Pre test knowledge score was 31.3% and it was increased to 75.3% on post test. Hence it was found that child- to- child programme is effective on prevention of harmful effects of television watching.

Chithra J (2009) conducted a quasi- experimental study to evaluate the effectiveness of child-to child approach through planned teaching program in reducing harmful effects of TV watching among selected schools in Bangalore. An evaluatory approach with pre test and post test design was used. Convenient sampling technique was used. Sample sizes of 60, 8th standard school children were selected. A structured questionnaire was conducted to select the change agent. Child to child programme was conducted through planned teaching program. There was significant difference between pre-test and post-test results about harmful effects of TV watching. The major finding of the study revealed that the knowledge level has increased from 40.2% to 75.8% in the post test. The results indicated that child-to-child programme through planned teaching program reducing the harmful effects of TV watching was effective in school children.

SUMMARY

This chapter dealt with the review of literature under various headings. This literature review has provided an understanding and broadened the investigators outlook necessary for the research study.

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CHAPTER - III

RESEARCH METHODOLOGY

Research methodology involves the systematic procedures by which the researcher starts from the initial identification of the problem to its final conclusion. It involves steps, procedures and strategies for gathering and analysing data in a research investigation.

Denise F. Polit (2011)

This chapter includes research approach, design, variables under study, the settings of the study, population, sample, sample size, sampling technique, criteria for sample selection, development and description of the tool, validity and reliability of the instruments, scoring interpretation, pilot study, data collection procedure, plan for data analysis and ethical consideration.

RESEARCH APPROACH

Evaluative research approach was used as an appropriate research approach for the present study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District.

RESEARCH DESIGN

Research design is the overall plan for obtaining answer to the questions being studied for handling some of the difficulties encountered during research process

Denise F. Polit (2011)

The research design adopted for the study was pre experimental one group pre-test post-test design.

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

PRE TEST	INTERVENTION	POST TEST
O_1	X	O_2

Keys

O_1 - Pre-test assessment of knowledge on ill effects of television watching.

X - Child to child programme on ill effects of television watching.

O_2 - Post-test assessment of knowledge on ill effects of television watching.

VARIABLES

A variable is a phenomena or characteristic or attribute under study. Variables are the measureable characteristics of a concept that consist of a logical group of attributes.

Poilt and Beck (2008)

Independent variable

Independent variable is defined as "the variable that is believed to cause or influence the dependent variable".

Denise F. Polit (2011)

In this study, the independent variable was child to child program on ill effects of television watching.

Dependent variable

Dependent variable is defined as "the variable hypothesized to depend on or be caused by another variable of interest".

Denise F. Polit (2011)

In this study, the dependent variable was level of knowledge of school children regarding ill effects of television watching.

Extraneous variables

A variable that confounds the relationship between the independent and dependent variables and that need to be controlled either statistically or in the research design.

Denise F. Polit (2011)

In this study it refers to age, sex, grade of the child, birth order of child, type of family, family income per month, occupation of parents, place of living, academic performance of child, duration of television watching, previous knowledge obtained and sources of information.

SETTING

Setting is the physical location and condition in which data collection takes place in the study.

Denise F. Polit (2011)

The setting was chosen on the basis of availability of samples and the cooperation extended by the management of the school. The study was conducted in Kids Oxford Matriculation Higher Secondary school, Kuzhithurai at Kanyakumari District. This was the private school consists of 130 students between the age group of 11-14 years who were all studying from seventh and eighth standard.

POPULATION

Population is defined as "the entire set of individuals or objects having some common characteristics".

Denise F. Polit (2011)

TARGET POPULATION

A target population is defined as the entire population in which a researcher is interested and to which he or she would like to generalize the study result.

Denise F. Polit (2011)

In this study, the target population consisted of school children studying in 7^{th} and 8^{th} standard in all schools at Kanyakumari District.

ACCESSIBLE POPULATION

An accessible population is defined as the population of people available for a particular study often a non random subset of the target population.

Denise F. Polit (2011)

The accessible population for the study consisted of school children studying in 7^{th} and 8^{th} standard in Kids Oxford Matriculation Higher Secondary School, Kuhithurai at Kanyakumari District.

SAMPLE

Sample refers to a fraction or portion of the element in a universe drawn out deliberately in a planned representative manner for studying interested characteristics of a large group of population

Denise F. Polit (2011)

In this study, school children were selected from the age between 11 and 14 years studying in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District who satisfied the sampling criteria.

SAMPLE SIZE

Sample size is defined as, "the number of people who participate in a study".

Denise F. Polit (2011)

Sample size was 60 school children studying in 7^{th} and 8^{th} std in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District who satisfied the inclusion criteria.

SAMPLING TECHNIQUE

It refers to the process of selecting a portion of the population to represent the entire population

Denise F. Polit (2011)

Simple random sampling technique was used to select the samples in the study.

SAMPLING CRITERIA

Sampling criteria involves selecting cases that meet some predetermined criterion of importance. The criteria for sample selection are mainly depicted under two heading, which includes the inclusion criteria and exclusion criteria.

Inclusion criteria

The study included school age children who

- are studying 7^{th} & 8^{th} standard
- have the habits of watching television
- can read and write English
- are available at the time of data collection

Exclusion criteria

The study excluded school age children who

- do not have television in their homes
- are not willing to participate in this study
- has any acute illness at the time of data collection

SELECTION AND DEVELOPMENT OF THE TOOL

Tool development is a complex and time consuming process. It consists of defining the construct to be measured, formulating the items, assessing the items for content validity, developing instructions for respondents, pre-testing, estimating the reliability and conducting pilot-study.

Polit and Hungler (1993)

The tool was prepared on the basis of objectives of the study. The following methods were used for the development of the tool by the investigator.

- Review of literature from books, journals, other publications and web-sites.
- Discussion with subject experts in child health nursing, paediatrician and biostatistician.

DESCRIPTION OF THE TOOL

The tool used for the study includes socio demographic proforma, clinical proforma and structured knowledge questionnaire regarding ill effects of television watching.

TOOL 1:

Socio demographic Proforma

The socio demographic proforma consisted of items on background data of the participants. It included age, sex, grade of the child, birth order of the child, type of family, family income per month, occupation of father, occupation of mother and place of living,

Clinical Proforma

In this study the clinical variables are academic performance of child, duration of television watching, previous knowledge about ill effects of television watching and sources of information.

TOOL -2:

Structured knowledge questionnaire

The structured knowledge questionnaire was constructed for the students in the form of multiple choice questions. It consisted of 30 items, in that 10 questions for healthy practices of television watching and 20 questions for ill effects of television watching. Score of 1 is allotted for each correct answer and score of 0 was allotted for each incorrect answer. The total maximum and minimum score were 30 and 0 respectively.

The score was interpreted as

Score	Interpretation
0-10	Inadequate knowledge
11- 20	Moderately adequate knowledge
21-30	Adequate knowledge

DEVELOPMENT OF POWER POINT PRESENTATION

Power point presentation was prepared regarding ill effects of television watching. It comprises of definition, reason for television watching, advantages, healthy practices and ill effects of television watching

VALIDITY

Content validity is defined as, "extent to which an instrument accurately reflects the abstract construct (or concept) being examined".

Suresh K Sharma (2007)

To ensure the content validity, the prepared data collection tool along with the problem statement, objectives, operational definitions, hypotheses, and criteria checklist designed for validation were submitted to ten experts in the fields like one paediatrician, eight child health nursing personnel and one Bio- Statistician. The experts were requested to judge the items for relevance, appropriateness and degree of agreement for the study. All the experts gave their consensus and the tool was finalized.

RELIABILITY

Reliability is defined as, "the degree of consistency or dependability with which an instrument measures an attribute".

Denise F. Polit (2011)

The reliability of the tool for knowledge was established by test, re-test method. The reliability score is r = 0.84 which showed a positive correlation. The score indicates a high correlation and the tool was considered as highly reliable for proceeding of the study.

PILOT STUDY

Pilot study is a small scale version or trial seen designed to test the method to be used in a large, more vigorous study which is sometimes referred to as the patent study

Denise F. Polit (2011)

Pilot study was conducted in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District. Permission was obtained from the head of the institution for conducting the pilot study. Pilot study was conducted in the month of December for a period of one week. The investigator selected one student who was the change agent, according to the academic performance and given health education regarding ill effects of television watching through power point presentation. Then the investigator selected 6 samples using simple random sampling based on inclusion criteria. Pre test was conducted to the 6 students by using structured knowledge questionnaire. On the same day health education was given to them by the change agent who underwent health education classes by the investigator already. After 7 days of child to child program post test was conducted to the students by using the same structured knowledge questionnaire. The results

of the pilot study were analyzed, which gave the evidence that the tool was reliable. Findings of the pilot study also revealed that it was feasible and practicable to conduct the study at the selected school setting and the criterion measures were found to be effective.

DATA COLLECTION PROCEDURE

The data collection procedure was done for a period of one month, during the month of January in Kids Oxford Matriculation Higher Secondary school, Kuzhithurai at Kanyakumari District. Formal permission was obtained from the school authorities before data collection.

Step 1

The researcher selected 6 change agents based on their academic excellence their interest and willingness. The health education on ill effects of television watching was given to them by the researcher using power point presentation. Then these children were prepared to pass this message to other friends or peers.

Step 2

The researcher selected 60 students by using simple random sampling technique. The researcher introduced herself to the selected group of students and obtained their consent. Then the study was explained and assurance regarding confidentiality of the answers was proved. Pre test was conducted by using structured knowledge questionnaire.

Step 3

The total 60 samples were divided into 6 subgroups. Each group of 10 students were educated regarding ill effects of television watching by the 6 change agents who underwent health education classes by the investigator already.

Step 4

Post test was administered after 7 days of child to child programme. The same knowledge questionnaire was used to collect the post test data.

PLAN FOR DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and testing hypothesis by using the obtained data.

Polit and Beck (2008)

The data was analysed using both descriptive and inferential statistics such as mean, standard deviation, paired t-test and chi-square test.

Descriptive Statistics

- Frequency and percentage distribution of samples according to socio demographic and clinical variables of school children.
- Frequency and percentage distribution of samples according to their level of knowledge on ill effects of television watching before and after child to child program.
- Mean and standard deviation were used to assess the effectiveness of child to child program on ill effects of television watching.

Inferential Statistics

- Paired t-test was used to compare the pre-test and post-test level of knowledge on ill effects of television watching among school children
- Chi square was used to find the association between the post test level of knowledge on ill effects of television watching with the selected socio demographic and clinical variables.

ETHICAL CONSIDERATION

For this study the investigator took into consideration of the ethical issues. No ethical issues rose against conducting the study.

- Permission obtained from the ethical committee of Annammal College of nursing.
- Permission obtained from the concerned authorities of the Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District.
- Permission was obtained from each student before starting data collection.
- The subjects were informed that the confidentiality of the data will be maintained.

SUMMARY

This chapter dealt with the selection of research approach, research design, setting, population, sample, sampling technique, sampling criteria, selection and development of study instruments, validity and reliability of instruments, pilot study, data collection procedure and plan for data analysis. The following chapter deals with analysis and interpretation of data using descriptive and inferential statistics.

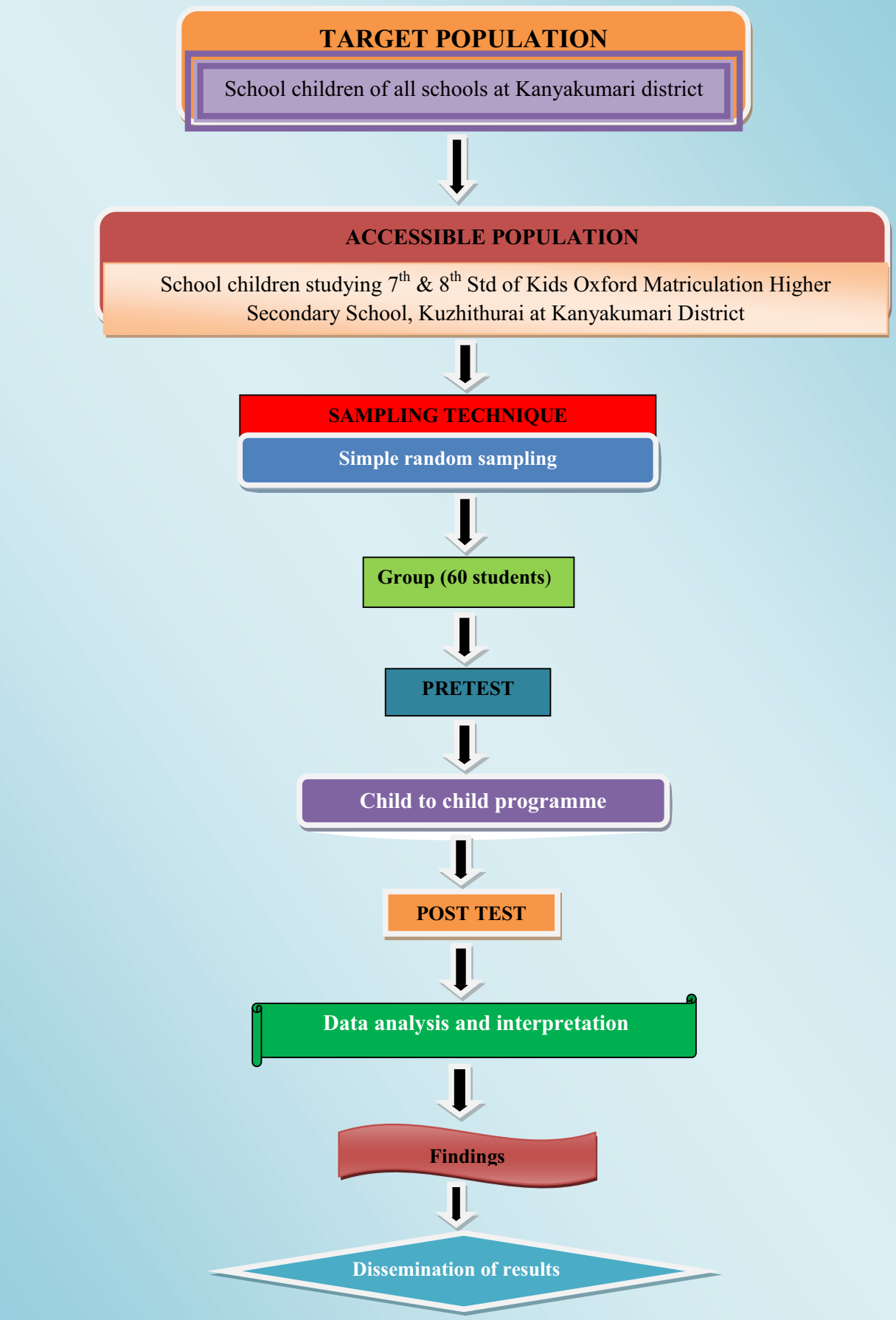

FIG. 2: SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

The analysis is defined as the method of organizing data in such a way that the research question can be answered.

Polit and Beck, 2004

Interpretation is the process of making sense of the results of a study and examining their implications.

Polit and Beck, 2006

Analysis and interpretation of data of this study was done using descriptive and inferential statistics.

OBJECTIVES OF THE STUDY

- To assess the pre-test and post-test level of knowledge regarding ill effects of television watching among school children.
- To evaluate the effectiveness of child to child program through power point presentation by comparing the pre test and post test level of knowledge regarding ill effects of television watching among school children.
- To find out the association between the post test level of knowledge regarding ill effects of television watching and selected socio demographic and clinical variables among school children.

ORGANIZATION OF DATA

The data collected were edited, tabulated, analyzed, interpreted and findings obtained were presented in the form of tables and diagrams represented on the following

Section I

Data pertaining to the frequency and percentage distribution of socio-demographic variables among school children

Section II

Data pertaining to the frequency and percentage distribution of clinical variables among school children

Section III

Data pertaining to pre-test and post-test level of knowledge regarding ill effects of television watching among school children

Section IV

Data pertaining to the effectiveness of child to child program on knowledge regarding ill effects of television watching among school children

Section V

Data on association between the post test level of knowledge and selected socio demographic variables among school children.

Section VI

Data on association between the post test level of knowledge and selected clinical variables among school children.

SECTION I

Table-1: Data pertaining to the frequency and percentage distribution of socio-demographic variables among school children.

N=60

S. No	Demographic variables	Frequency	Percentage
1	**Age (in years)**		
	a) 11-12	32	53.33
	b) 13-14	28	46.66
2	**Sex**		
	a) Male	25	41.67
	b) Female	35	58.33
3	**Grade of the child**		
	a) 7^{th} std	26	43.33
	b) 8^{th} std	34	56.76
4	**Birth order of the child**		
	a) First	33	55.00
	b) Second	27	45.00
	c) Third	0	0.00
	d) Four and above	0	0.00
5	**Type of family**		
	a) Nuclear	43	71.67
	b) Joint	17	28.33
	c) Extended	0	0.00
	d) Single parent/separated	0	0.00
6	**Family income per month**		
	a) ≥36017	0	0.00
	b) 18000-36016	0	0.00
	c) 13495-17999	18	30.00
	d) 8989-13494	26	43.33
	e) 5387-8988	16	26.6
	f) 1803-5386	0	0.00
	g) ≤1802	0	0.00

7	**Occupation of father**		
	a) Profession	14	23.33
	b) Semi-profession	6	10.00
	c) Clerical, shop-owner	10	16.67
	d) Skilled worker	17	28.33
	e) Semi-skilled worker	2	3.34
	f) Unskilled worker	11	18.33
	g) Unemployed	0	0.00
8	**Occupation of mother**		
	a) Profession	6	10.00
	b) Semi-profession	0	0.00
	c) Clerical, shop-owner	8	13.33
	d) Skilled worker	6	10.00
	e) Semi-skilled worker	0	0.00
	f) Unskilled worker	12	20.00
	g) Unemployed	28	46.67
9	**Place of living**		
	a) Urban	16	26.67
	b) Rural	34	56.66
	c) Semi urban	0	0.00
	d) Semi-rural	10	16.67

Table I reveals the frequency and percentage distribution of selected socio demographic variables such as age, sex, grade of the child, birth order of the child, type of family, family income per month, occupation of father, occupation of mother and place of living.

With regard to age, majority of 32 (53.33%) school children belongs to the age group of 11-12 years, and remaining of them 28 (46.67%) were 13-14 years. With regard to sex, majority of them 35 (58.33%) were females and remaining 25 (41.67%) were males. With regard to grade of the child, majority of them 34 (56.67%) were studying 7^{th}std and remaining of them 26 (43.33%) were studying 8^{th} std.With regard to birth order of the child, majority 33 (55%) were first child, 27 (45%) of them were second child to their parents.With regard to type of family, majority of 43 (71.67%) belongs to nuclear family, and 17 (28.33%) belongs to joint family.

With regard to family monthly income, majority of 18 (43.33%) have monthly income ranging from Rs.8989 - Rs.13494, 18 (30%) of them have income ranging from Rs.13495 – Rs.17999, and remaining 16 (26.67%) of the school children have family income between Rs.5387 – Rs.8988.

With regard to occupation of father, majority of 17 (28.33%) fathers were skilled worker, 14 (23.33%) of them were professionals, 11 (18.33%) of them were unskilled workers, 10 (16.67%) of them were clerical and shop owner, 6 (10%) of them were semi-professionals and the remaining 2 (3.34%) of them were semi-skilled workers.

With regard to occupation of mother, majority of 28 (46.67%) mothers were unemployed, 12 (20%) of them were unskilled workers, 8 (13.33%) of them were clerical, shop –owner, and the remaining 6 (10%) were professionals and skilled worker respectively.

With regard to place of living, majority of 34 (56.67%) school children were residing in rural area, 16 (26.67) of them from urban and remaining 10 (16.67%) of them were from semi rural areas.

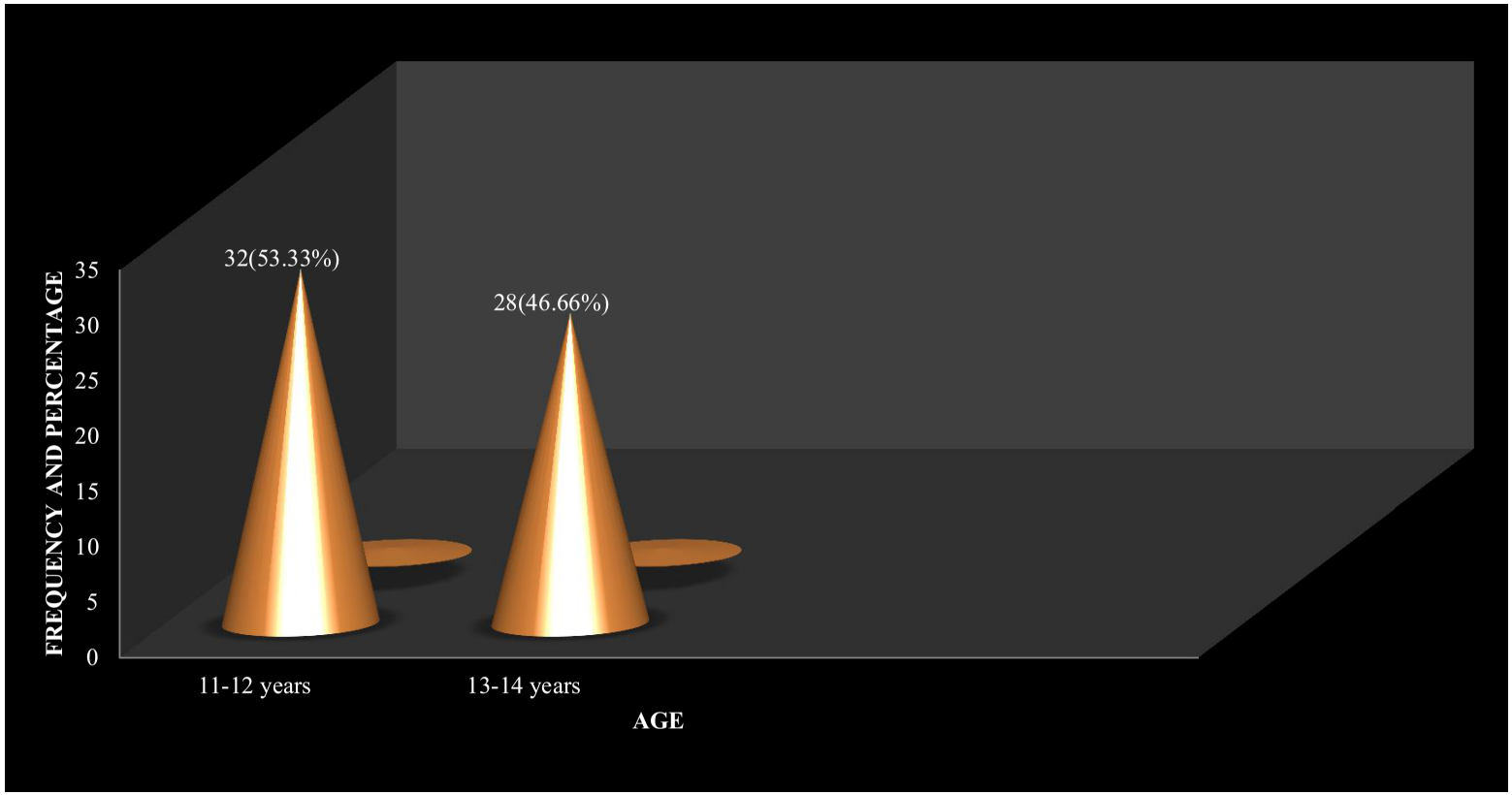

FIGURE 3: FREQUENCY AND PERCENTAGE DISTRIBUTION OF AGE AMONG SCHOOL CHILDREN

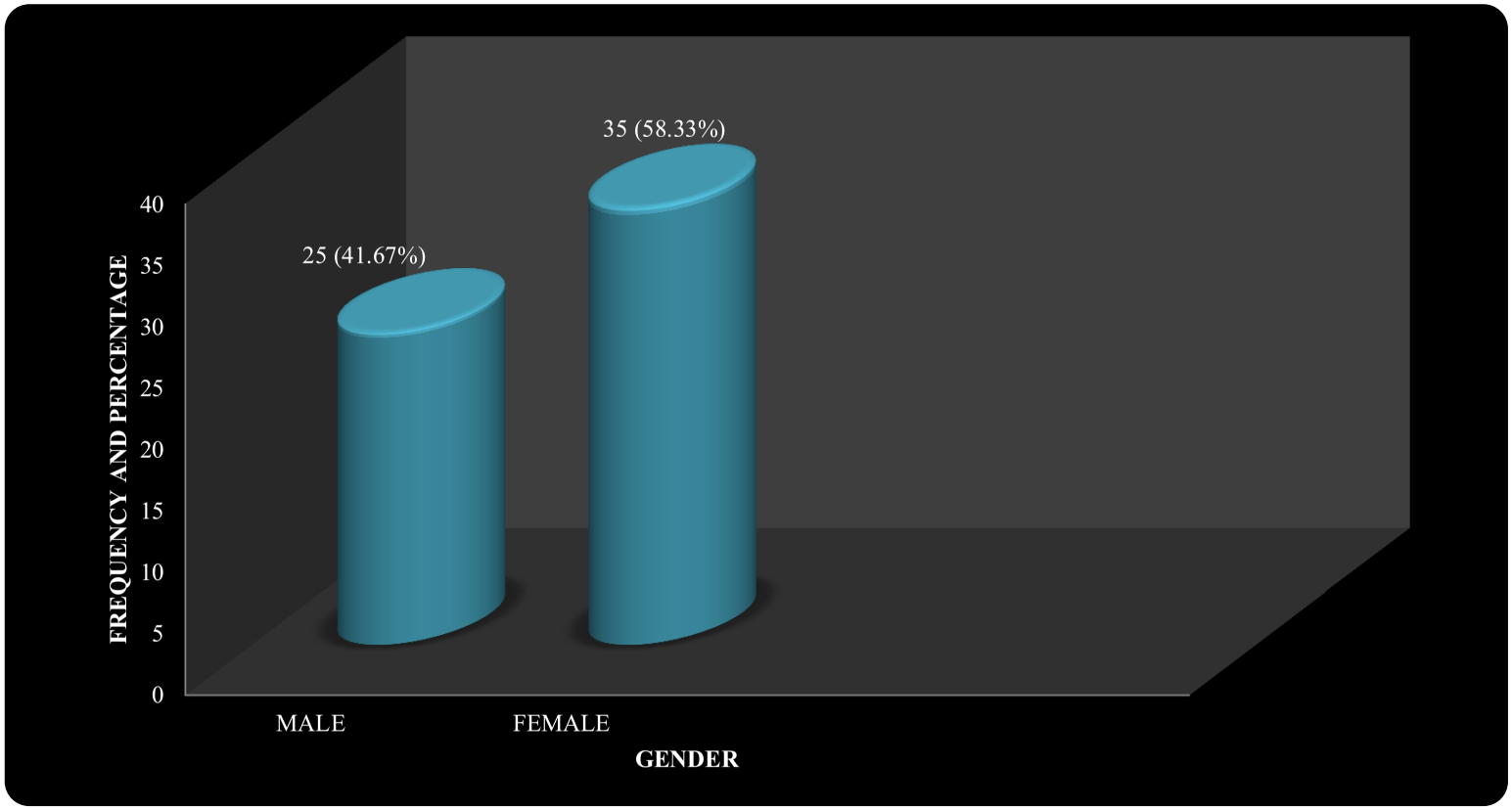

FIGURE 4: FREQUENCY AND PERCENTAGE OF GENDER AMONG SCHOOL CHILDREN

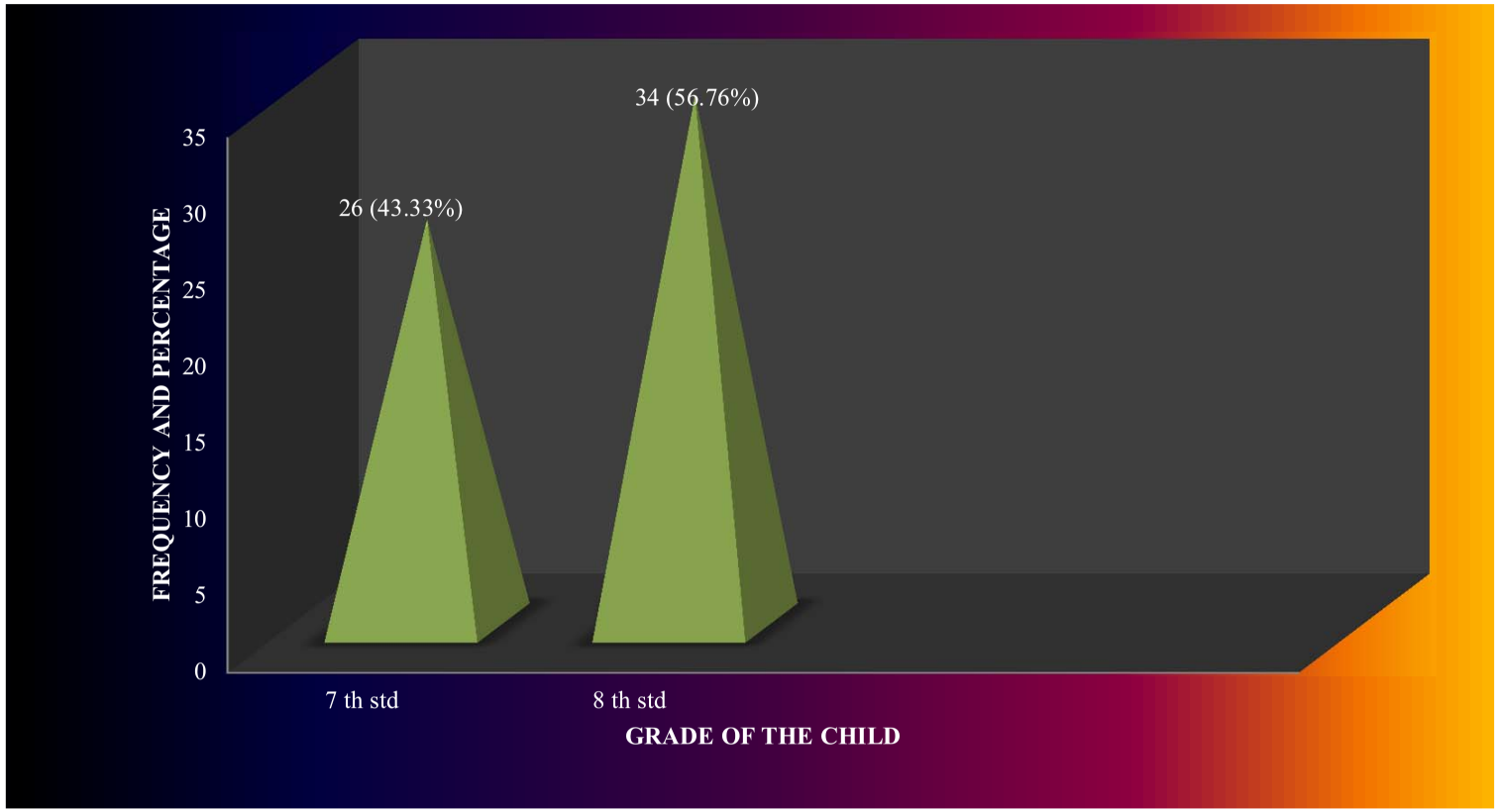

FIGURE 5: FREQUENCY AND PERCENTAGE OF GRADE AMONG SCHOOL CHILDREN

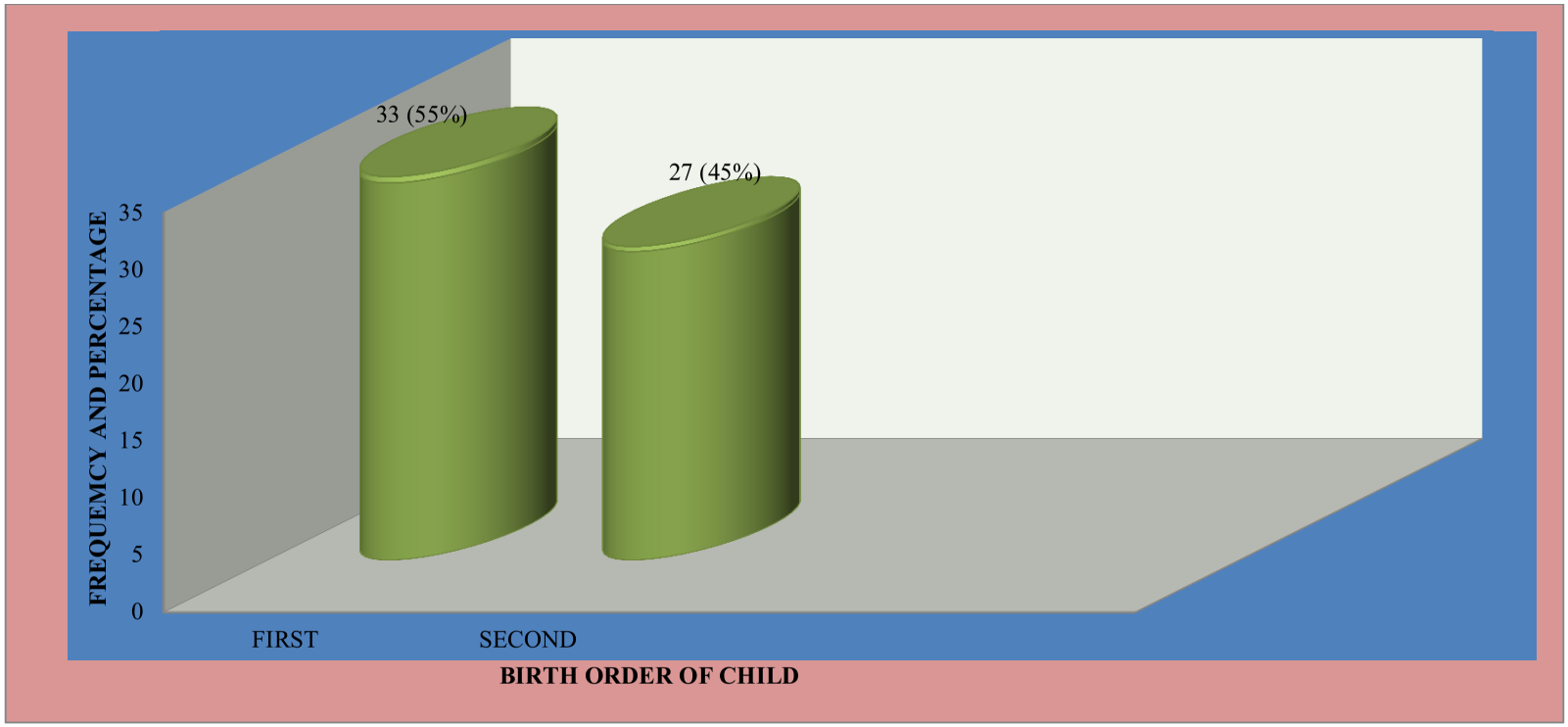

FIGURE 6: FREQUENCY AND PERCENTAGE OF BIRTH ORDER OF CHILD AMONG SCHOOL CHILDREN

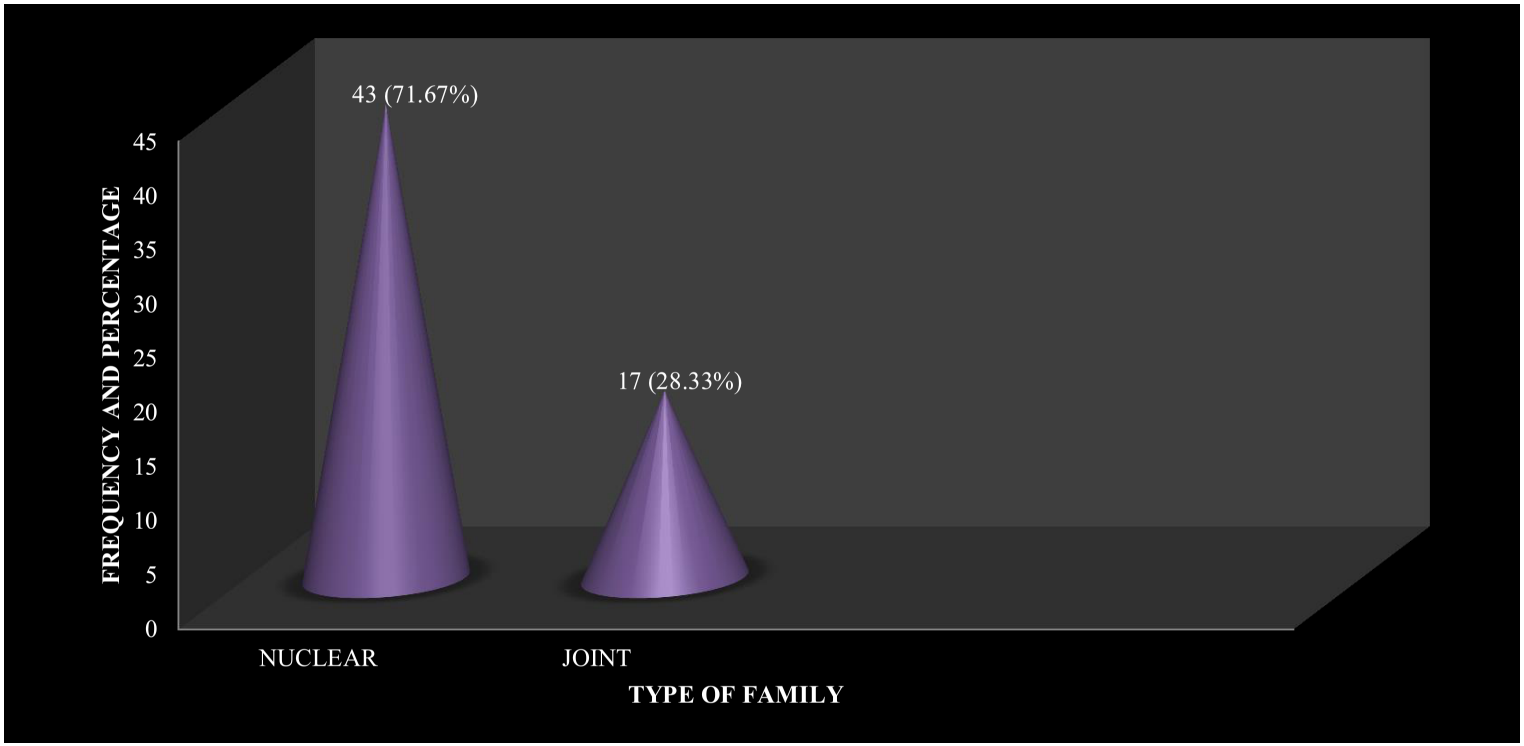

FIGURE 7: FREQUENCY AND PERCENTAGE DISRIBUTION OF TYPE OF FAMILY AMONG SCHOOL CHILDREN

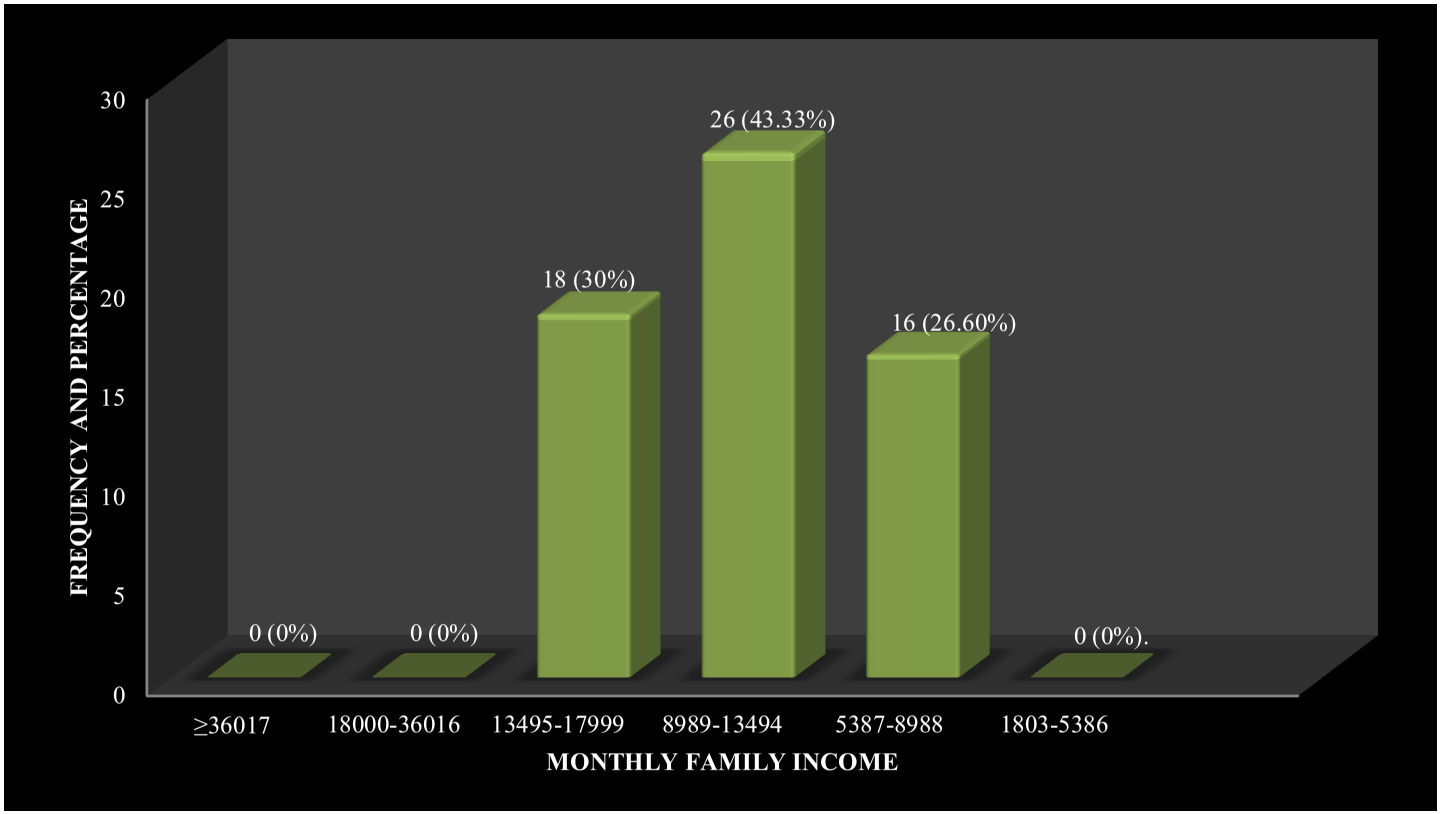

FIGURE 8: FREQUENCY AND PERCENTAGE DISTRIBUTION OF MONTHLY FAMILY INCOME AMONG SCHOOL CHILDREN

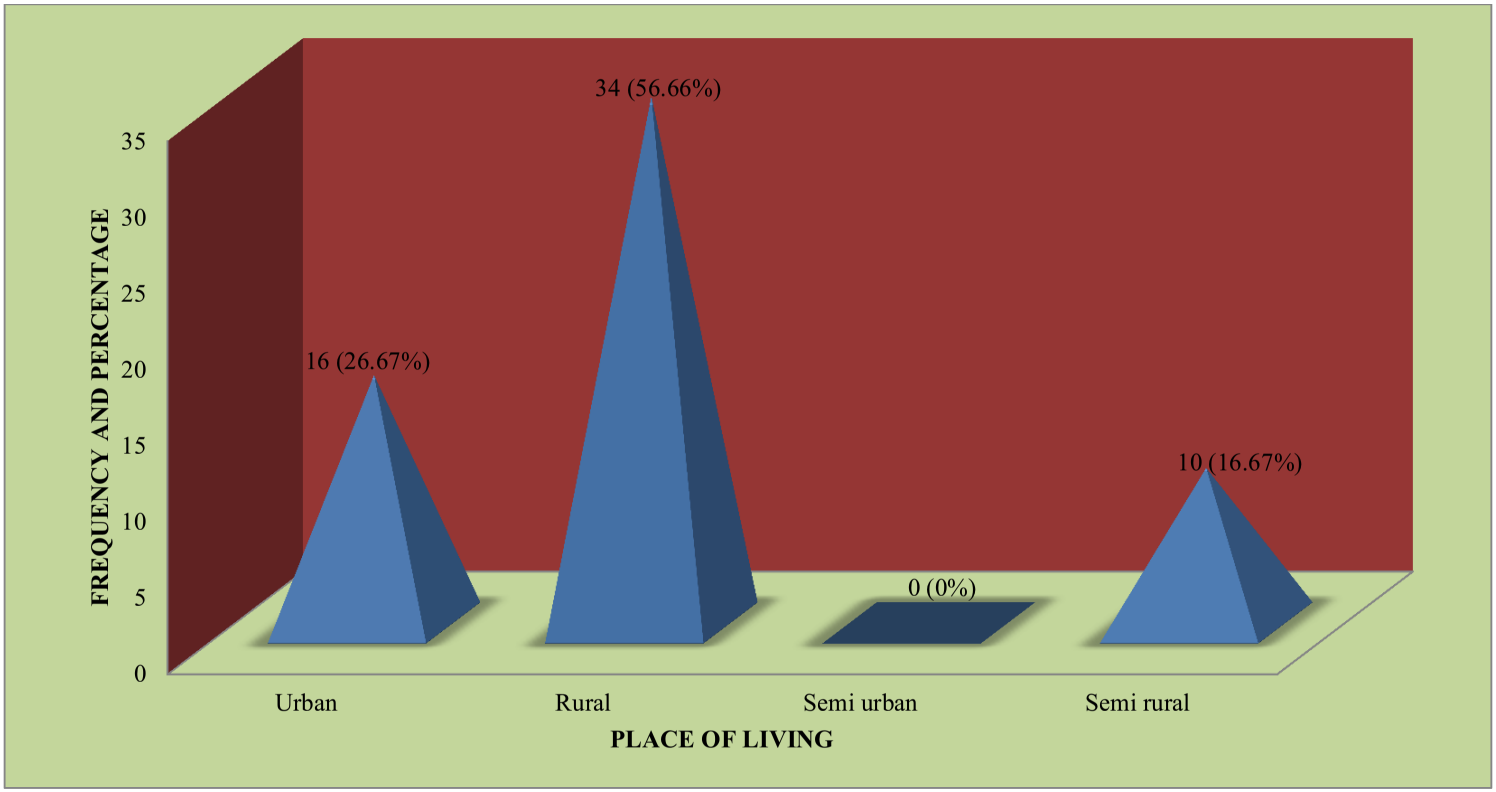

FIGURE 9: FREQUENCY AND PERCENTAGE DISTRIBUTION OF PLACE OF LIVING AMONG SCHOOL CHILDREN

SECTION II

Table 2: Data pertaining to the frequency and percentage distribution of clinical variables among school children

N=60

S.No	Clinical Variables	Frequency	Percentage
1	**Academic performance of child**		
	a) Excellent (above 90%)	13	21.67
	b) Good (60%-89%)	21	35
	c) Average (93%-59%)	18	30
	d) Below average (below 35%)	8	13.33
2	**Duration of television watching**		
	a) Below 1 hour	0	0.00
	b) 1-2 hours	12	20.00
	c) 3-4 hours	39	65.00
	d) Above 4 hours	9	15.00
3	**Previous knowledge obtained**		
	a) Yes	28	46.67
	b) No	32	53.33
4	**If yes, sources of information**		
	a) Newspaper	6	21.43
	b) Television	12	42.85
	c) Books	5	17.86
	d) Others	5	17.86

Table 2: It represents the frequency and percentage distribution of school children with selected clinical variables such as academic performance of child, duration of television watching, previous knowledge obtained and sources of information. With regard to academic performance, majority of 21 (35%) school children had good academic performance, 18 (30%) of the students hadaverage academic performance, 13 (21.67%) are excellent and remaining 8 (13.33%) are below average academic performance.

With regard to duration of television watching, majority of 39 (65%) of school children spent 3-4 hours, 12 (20%) of school children spent 1-2 hours and remaining 9 (15%) of them spent more than 4 hours.

With regard to previous knowledge obtained, majority of 32 (53.33%) school children had previous knowledge, remaining 28 (46.67) of them did not have the knowledge regarding ill effects of television watching.

With regard to sources of information, majority of 12 (42.43%) them obtained knowledge from television, 6 (21.43%) of them obtained from newspaper and 5 (17%) were from books and others respectively.

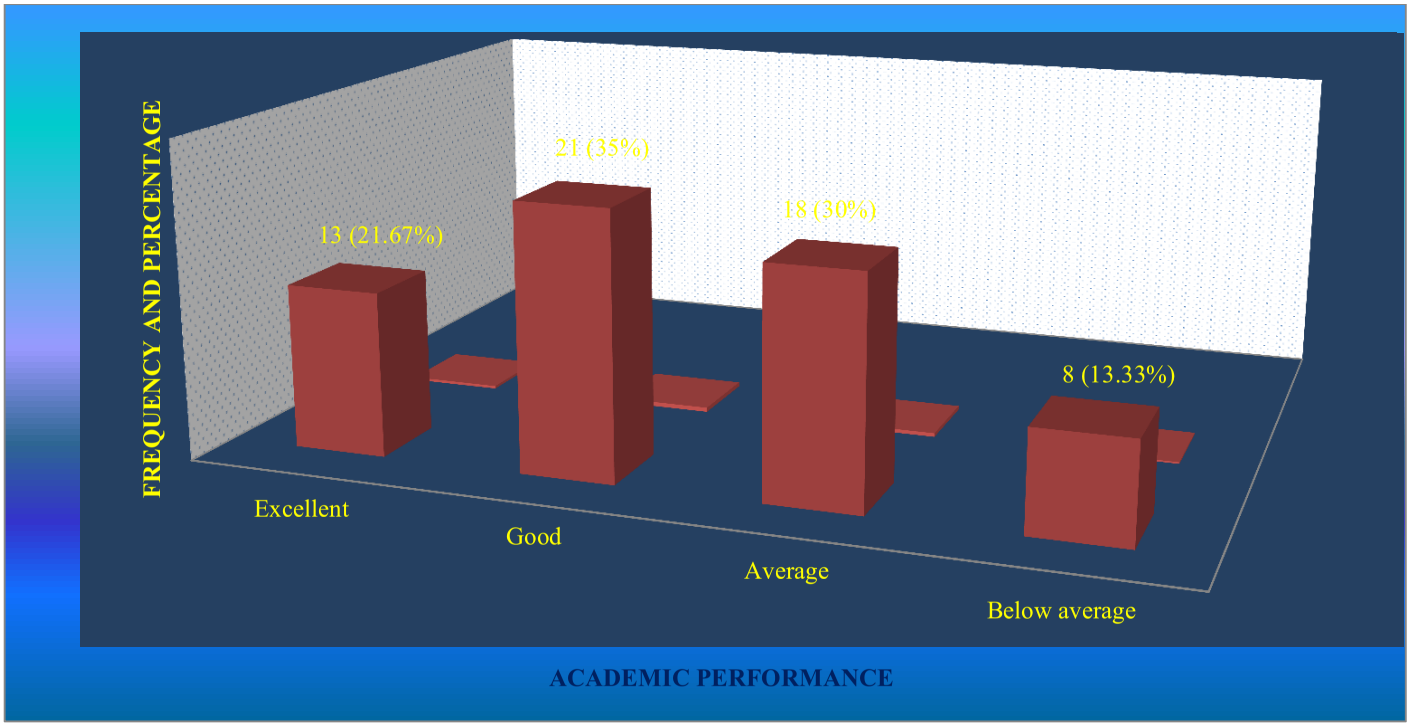

FIGURE 10: FREQUENCY AND PERCENTAGE DISTRIBUTION OF ACADEMIC PERFORMANCE OF CHILD

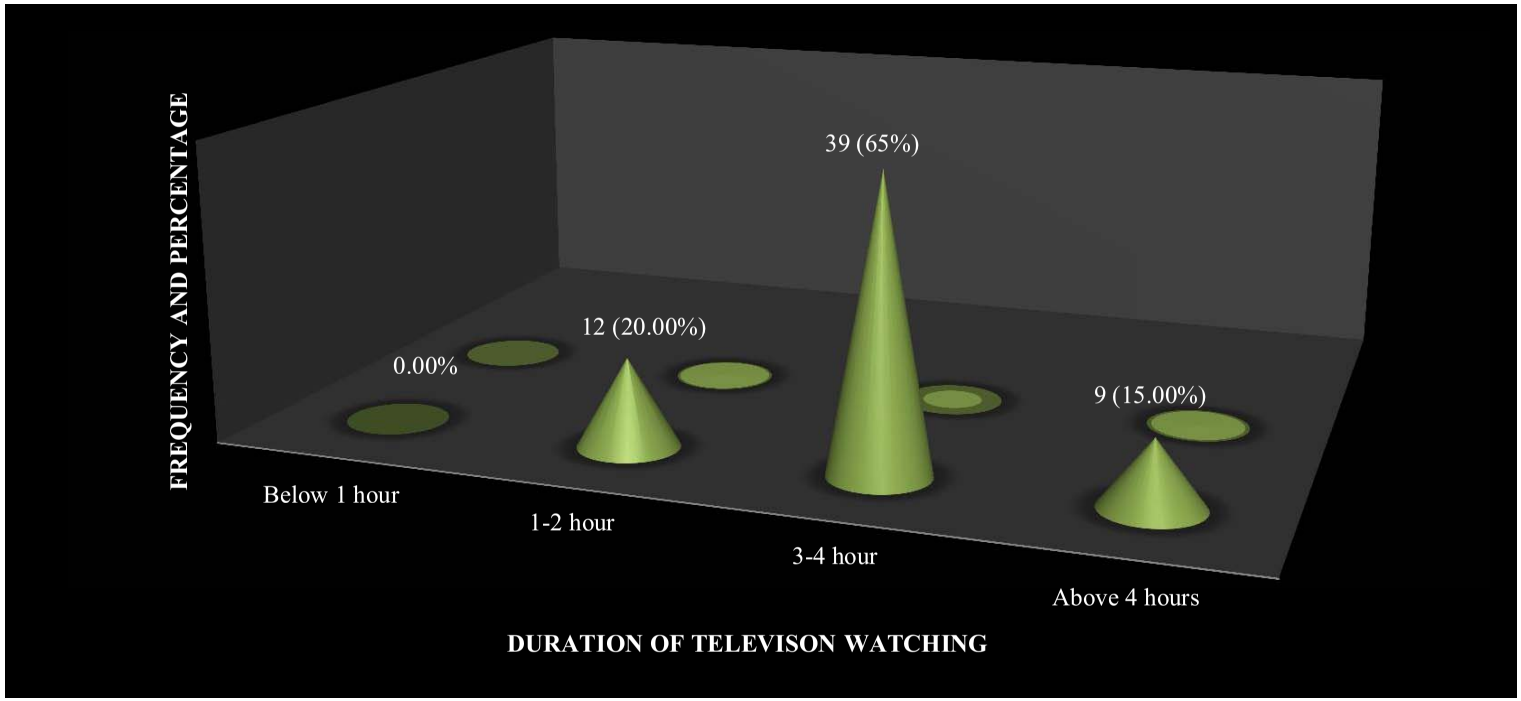

FIGURE 11: FREQUENCY AND PERCENTAGE DISTRIBUTION ON DURATION OF TELEVISION WATCHING AMONG SCHOOL CHILDREN

SECTION III

Table 3: Data pertaining to pre-test and post-test level of knowledge regarding ill effects of television watching among the school children

N= 60

Level of knowledge	Pre test		Post test	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Adequate	0	0	41	68.33
Moderately adequate	38	63.33	19	31.67
Inadequate	22	36.67	0	0.00
Total	60	100	60	100

Table 3 shows that, in pretest, majority of the school children 63.33% had moderately adequate knowledge, 36.67% had inadequate knowledge and no one had adequate knowledge. In post-test, 68.33% had adequate knowledge, 31.67% had moderately adequate knowledge and no one had inadequate knowledge.

SECTION IV

Table 4: Data pertaining to assess the effectiveness of child to child program on knowledge regarding ill effects of television watching among school children

N=60

Pre test		Post test		Mean difference	Paired 't' test	P value
Mean	**SD**	**Mean**	**SD**			
13.61	2.04	24.92	3.42	11.31	39.32	59 df 0.001 ***

***** represents p < 0.0001**

The above table reveals that in pre test mean value was 13.61 with standard deviation of 2.04. Where as in post test mean value was 24.92 with standard deviation of 3.42. The mean difference was 11.31 and the paired 't' test value was 39.32. Child to child program through power point presentation was effective to increase the knowledge at 'p' value was < 0.001 (***).

SECTION V

Table 5: Data on association between the post test level of knowledge and selected socio demographic variables among school children.

N = 60

S.No	Variables	Level of knowledge			χ^2	P Value
		Adequate	Moderately adequate	Inadequate		
1	**Age in years**					
	11-12	18	24	0		1 df
	13-14	23	5	0	19.526	0.00000992 ***
2	**Sex**					
	Male	16	9	0		1 df
	Female	25	10	0	0.372	0.5419
3	**Grade of the child**					
	7^{th} std	13	13	0	7.13	1 df
	8^{th} std	28	6	0		0.00759 **
4.	**Birth order of the child**					
	First	20	13	0		
	Second	21	6	0	2.02	1 df
	Third	0	0	0		0.1548
	Four and above	0	0	0		
5	**Type of family**					
	Nuclear	30	13	0		
	Joint	11	6	0		1 df
	Extended	0	0	0	0.144	0.704
	Single parent/separated	0	0	0		
6	**Family income per month**					
	≥36017	0	0	0		
	18000-36016	0	0	0		
	13495-17999	12	6	0		2 df
	8989-13494	20	6	0	1.989	0.3699
	5387-8988	9	7	0		
	1803-5386	0	0	0		
	≤1802	0	0	0		

7	**Occupation of father**					
	Profession	10	4	0		
	Semi-profession	3	3	0		5 df
	Clerical, shop-owner	6	4	0	3.992	0.5505
	Skilled worker	16	3	0		
	Semi-skilled worker	1	1	0		
	Unskilled worker	7	4	0		
	Unemployed	0	0	0		
8	**Occupation of mother**					
	Profession					
	Semi-profession	5	1	0		
	Clerical, shop-owner	0	0	0	3.912	4 df
	Skilled worker	7	1	0		0.418
	Semi-skilled worker	5	1	0		
	Unskilled worker	0	0	0		
	Unemployed	7	5	0		
		17	11	0		
9.	**Place of living**					
	Urban	12	4	0		
	Rural	19	15	0	1.688	1 df
	Semi urban	0	0	0		0.1938
	Semi rural	0	0	0		

*****p<0.001,**P<0.01,**

Table 5 Shows that there is significant association between selected socio demographic variables like age (0.00000992***) and grade of child (0.00759**) with post test level of knowledge. Hence the research hypothesis H_2 was partially accepted.

SECTION VI

Table 6: Data on association between post test level of knowledge and selected clinical variables among school children

N = 60

S.No	Variables	Level of knowledge			χ^2	P Value
		Adequate	Moderately adequate	Inadequate		
1.	**Academic performance of child**					
	a) Excellent	10	3	0	2.719	3 df
	b) Good	16	5	0		
	c) Average	11	7	0		0.43700
	d) Below average	4	4	0		
2.	**Duration of television watching**					
	a) Below 1 hour	0	0	0	3.043	2 df
	b) 1-2 hours	8	4	0		0.218
	c) 3-4 hours	29	10	0		
	d) Above 4 hours	4	5	0		
3.	**Previous knowledge**					1 df
	a) Yes	24	4	0	7.33	0.0067
	b) No	17	15	0		*
4	**If yes, sources of information**					
	a) Newspaper	5	1	0		
	b) Television	10	2	0	1.273	3 df
	c) Books	4	1	0		0.735
	d) Others	3	2	0		

***P<0.05**

Table 6: Shows that there is significant association between selected clinical variable like previous knowledge (0.0067*) with post test level of knowledge. Hence research hypothesis H2 was partially accepted.

SUMMARY

The chapter dealt with analysis and interpretation of data obtained by the researcher. The analysis of the results showed that the level of knowledge regarding ill effects of television watching has been increased. This implied that child to child program has significant effect on increasing the knowledge among the school children.

CHAPTER V

DISCUSSION

This chapter deals with the discussion of the data analysed based on the objectives and hypotheses of the study. The problem stated was "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary school, Kuzhithurai at Kanyakumari District". The discussion was based on objectives of the study and hypotheses mentioned in the study.

OBJECTIVES OF THE STUDY

- To assess the pre test and post test level of knowledge regarding ill effects of television watching among school children.
- To evaluate the effectiveness of child to child program through power point presentation by comparing the pre test and post test level of knowledge regarding ill effects of television watching among school children.
- To find out the association between the post test level of knowledge regarding ill effects of television watching and selected socio demographic and clinical variables among school children.

SOCIO DEMOGRAPHIC VARIABLES OF SCHOOL CHILDREN

It reveals the frequency and percentage distribution of selected socio demographic variables such as age, sex, grade of the child, birth order of the child, type of family, family income per month, occupation of father, occupation of mother and place of living.

With regard to age, majority of 32 (53.33%) school children belongs to the age group of 11-12 years, and remaining of them 28 (46.67%) were 13-14 years. With regard to sex, majority of them 35 (58.33%) were females and remaining 25 (41.67%) were males.

With regard to grade of the child, majority of them 34 (56.67%) were studying7th grade and remaining of them 26 (43.33%) were studying 8th std. With regard to birth order of the child, majority 33 (55%) were first child, 27 (45%) of them were second child to their parents. With regard to type of family, majority of 43 (71.67%) belongs to nuclear family, and 17 (28.33%) belongs to joint family.

With regard to family monthly income, majority of 18 (43.33%) had monthly income ranging from Rs.8989 - Rs.13494, 18 (30%) of them had income ranging from Rs.13495 – Rs.17999,

and remaining 16 (26.67%) of the school children had family income between Rs.5387 – Rs.8988.

With regard to occupation of father, majority of 17 (28.33%) fathers were skilled worker, 14 (23.33%) of them were professionals, 11 (18.33%) of them were unskilled workers, 10 (16.67%) of them were clerical and shop owner, 6 (10%) of them were semi-professionals and the remaining 2 (3.34%) of them were semi-skilled workers.

With regard to occupation of mother, majority of 28 (46.67%) mothers were unemployed, 12 (20%) of them were unskilled workers, 8 (13.33%) of them were clerical, shop –owner, and the remaining 6 (10%) were professionals and skilled worker respectively.

With regard to place of living, majority of 34 (56.67%) school children were residing in rural area, 16 (26.67) of them were from urban and remaining 10 (16.67%) of them were from semi rural area.

CLINICAL VARIABLES OF SCHOOL CHILDREN

It represents the frequency and percentage distribution of school children with selected clinical variables such as academic performance of child, duration of television watching, previous knowledge obtained and source of information. With regard to academic performance, majority of 21 (35%) school children had good academic performance, 18 (30%) of the students had average academic performance, 13 (21.67%) were excellent and remaining 8 (13.33%) were below average academic performance.

With regard to duration of television watching, majority of 39 (65%) of school children spent 3-4 hours, 12 (20%) of school children spent 1-2 hours and remaining 9 (15%) of them spent more than 4 hours.

With regard to previous knowledge obtained, majority of 32 (53.33%) school children had previous knowledge, remaining 28 (46.67) of them don't have the knowledge regarding ill effects of television watching.

With regards to sources of information, majority of 12 (42.43%) them obtained knowledge from television, 6 (21.43%) of them obtained from newspaper and 5 (17%) were from books and others respectively.

Objective 1

- **To assess the pre-test and post-test level of knowledge regarding ill effects of television watching among school children.**

The pre test level of knowledge regarding ill effects of television watching indicated that, majority of the school children 63.33% had moderately adequate knowledge, 36.67% had inadequate knowledge and no one had adequate knowledge. Whereas the post test level of knowledge indicates that, 68.33% had adequate knowledge, 31.67% had moderately adequate knowledge and no one had inadequate knowledge.

Objectives 2

- **To evaluate the effectiveness of child to child program through power point presentation by comparing the pre test and post test level of knowledge regarding ill effects of television watching among school children.**

It represents that in pre test mean value was 13.61 with standard deviation of 2.04. Where as in post test mean value was 24.92 with standard deviation of 3.42. The mean difference was 11.31 and the paired 't' test value was 39.32. Child to child program through power point presentation was effective to increase the knowledge at 'p' value was < 0.001 (***). So the hypothesis H1 was accepted.

To find out the effectiveness for the following hypothesis was formulated.

H_1 - There will be a significant difference between pre test and post test level of knowledge regarding ill effects of television watching among school children.

Hence the research hypothesis (H_1) was accepted and it was inferred that the child to child program through power point presentation was effective to increase the level of knowledge regarding ill effects of television watching.

The findings of the study was supported by **Robert raj M, (2012)** conducted a quasi experimental study to evaluate the effectiveness of child to child program on harmful effects of television watching among adolescents in Manipal. The sampling technique was purposive and sample size was 10 change agents and peer groups. The pre test knowledge scores was 5.61 (<0.05), the post test score was 6.42 ($p<0.05$). The result showed that the post test knowledge was greater than the pre test knowledge, hence it was inferred that the child to child program was effective.

Objective 3

- **To find out the association between the post test level of knowledge regarding ill effects of television watching and selected socio demographic and clinical variables among school children**.

It represents the summary of chi-square analysis, which was used to bring out the association between the post test level of knowledge among school children and their selected demographic and clinical variables. It reveals that, there was a significant association between post test level of knowledge and selected socio demographic variables like age (0.00000992***), grade of child (0.00759**) and clinical variable like previous knowledge (0.0067**).

To find out the association for the following hypothesis was formulated.

H_2: There will be significant association between the post test level of knowledge and selected socio demographic and clinical variables among school children.

There was a significant association between the post test level of knowledge and selected socio demographic and clinical variables such as age, grade and previous knowledge. Hence the research hypothesis (H_2) was partially accepted.

In conclusion, this study has high lightened the importance of the role of nurse in identifying and increasing the knowledge regarding ill effects of television watching among school children through child to child program. The above findings give a vivid direction to health care professionals the every one may pay attention to child to child program to impact knowledge among school children in various health aspects.

SUMMARY

This chapter dealt with the objectives of the study, major findings of the socio demographic and clinical variables of school children, description of level of knowledge among school children before and after the child to child program regarding ill effects of television watching and association between post test level of knowledge with their selected socio demographic and clinical variables.

CHAPTER VI

SUMMARY CONCLUSION IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with the summary of the study and the conclusion drawn from the study, implications of the study for different areas like nursing practice, nursing education, nursing administration and nursing research, it also includes the recommendations for future research in the field.

SUMMARY

The summary includes the objectives of the study, description of procedures used, major findings, conclusion and recommendations for the research study. The present study is "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary school, Kuzhithuraiat Kanyakumari district".

OBJECTIVES OF THE STUDY

- To assess the pre test and post test level of knowledge regarding ill effects of television watching among school children.
- To evaluate the effectiveness of child to child program through power point presentation by comparing the pre test and post test level of knowledge regarding ill effects of television watching among school children.
- To find out the association between the post test level of knowledge regarding ill effects of television watching and selected socio demographic and clinical variables among school children.

HYPOTHESES

- **H_1** - There will be a significant difference between pre test and post test level of knowledge regarding ill effects of television watching among school children.
- **H_2** - There will be significant association between the post test level of knowledge and selected socio demographic and clinical variables among school children.

The **conceptual frame work** adopted for this study based onthe **Modified Model of Daniel Shuffle Beam CIPP Model (2002)**. It was proposed by **Daniel Shuffle Beam**.CIPP Model it includes Context, input, Process and Product. Outcome is assessment of post knowledge regarding ill effects of television watching with structured knowledge questionnaire. The product evaluation is the knowledge regarding ill effects of television watching, moderately adequate and inadequate knowledge needs context evaluation.

Theinvestigator organized the **Review of Literature**under the following sections.

- Studies related to ill effects of television watching among school children.
- Studies related to effectiveness child to child program on various health aspects.
- Studies related to effectiveness child to child program regarding ill effects of television watching.

In the methodology the researcher selected a pre experimental one group pretest post test design.
The variables in the study are as follows:

Independent variable

In this study, the independent variable was child to child program on ill effects of television watching.

Dependent variable

In this study, the dependent variable was level was knowledge of school children regarding ill effects of television watching.

Extraneous variables

In this study, it refers to age, sex, grade of the child, birth order of child, type of family, family income per month, occupation of parents, place of living, academic performance of child, duration of television watching, previous knowledge obtained and sources of information.

The **Tools** used for the study included socio demographic proforma, clinical proforma and structured knowledge questionnaire regarding ill effects of television watching.**Tool 1** included the socio demographic proforma consisted of age, sex, grade of the child, birth order

of child, type of family, family income per month, occupation of father, occupation of mother, place of living. Clinical proforma consisted of academic performance of child, duration of television watching, previous knowledge about ill effects of television watching and sources of information.

Tool -2: The structured knowledge questionnaire consisted of 30 multiple choice questions, in that 10 questions for healthy practices of television watching and 20 questions for ill effects of television watching. Score of 1 was allotted for each correct answer and score of 0 was allotted for each incorrect answer. The total maximum and minimum score were 30 and 0 respectively.

Content validity was established by eight nursing experts, one medical guide and one biostatistician. The **reliability** was assessed by using test retestmethod andr=0.84, hence it was highly reliable. **Pilot study** was conducted among 6 school children Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District in the month of December.

Data collection was done 4 weeks inKids Oxford Matriculation Higher Secondary School; Kuzhithurai atKanyakumariDistrict in the month of January based on the inclusion and exclusion criteria.The researcher selected 6 change agents and the health education on ill effects of television watching was given to them by the researcher using power point presentation. Sample size was 60 and simple random sampling was used to select the samples. Pretest was conducted by using structured knowledge questionnaire. Post test was administered after 7 days of child to child programme by the change agents. The same knowledge questionnaire was used to collect the post test data. After that the post test score was evaluated.

Collected data was analysed and interpreted as per the options of the study by using the descriptive (frequency, percentage, mean and standard deviation) and inferential (paired‘t’ test and chi square) statistics methodsand results were calculated.

FINDINGS

Major findings of the study were,

1. **FINDINGS RELATED TO SOCIO DEMOGRAPHIC VARIABLES AMONG SCHOOL CHILDREN**

It reveals the frequency and percentage distribution of selected socio demographic variables such as age, sex, grade of the child, birth order of the child, type of family, family income per month, occupation of father, occupation of mother and place of living. With regard to age, majority of 32 (53.33%) school children belongs to the age group of 11-12 years, and remaining of them 28 (46.67%) were 13-14 years. With regard to sex, majority of them 35 (58.33%) were females and remaining 25 (41.67%) were males.

With regard to grade of the child, majority of them 34 (56.67%) were studying7thstd and remaining of them 26 (43.33%) were studying 8th std. With regard to birth order of the child, majority 33 (55%) were first child, 27 (45%) of them were second child to their parents. With regard to type of family, majority of 43 (71.67%) belongs to nuclear family, and 17 (28.33%) belongs to joint family.

With regard to family monthly income, majority of 18 (43.33%) have monthly income ranging from Rs.8989 - Rs.13494, 18 (30%) of them have income ranging from Rs.13495 – Rs.17999, and remaining 16 (26.67%) of the school children have family income between Rs.5387 – Rs.8988.

With regard to occupation of father, majority of 17 (28.33%) fathers were skilled worker, 14 (23.33%) of them were professionals, 11 (18.33%) of them were unskilled workers, 10 (16.67%) of them were clerical and shop owner, 6 (10%) of them were semi-professionals and the remaining 2 (3.34%) of them were semi-skilled workers.

With regard to occupation of mother, majority of 28 (46.67%) mothers were unemployed, 12 (20%) of them were unskilled workers, 8 (13.33%) of them were clerical, shop –owner, and the remaining 6 (10%) were professionals and skilled worker respectively.

With regard to place of living, majority of 34 (56.67%) school children were residing in rural area, 16 (26.67) of them from urban and remaining 10 (16.67%) of them were from semi rural area.

2. FINDINGS RELATED TO CLINICAL VARIABLES AMONG SCHOOL CHILDREN

It represents the frequency and percentage distribution of school children with selected clinical variables such as academic performance of child, duration of television watching, previous knowledge obtained and source of information. With regard to academic performance, majority of 21 (35%) school children had good academic performance, 18

(30%) of the students had average academic performance, 13 (21.67%) are excellent and remaining 8 (13.33%) are below average academic performance.

With regard to duration of television watching, majority of 39 (65%) of school children spent 3-4 hours, 12 (20%) of school children spent 1-2 hours and remaining 9 (15%) of them spent more than 4 hours.

With regard to previous knowledge obtained, majority of 32 (53.33%) school children had previous knowledge, remaining 28 (46.67) of them did not have the knowledge regarding ill effects of television watching.

With regards to sources of information, majority of 12 (42.43%) them obtained knowledge from television, 6 (21.43%) of them obtained from newspaper and 5 (17%) were from books and others respectively.

3. FINDINGS RELATED TO PRE TEST AND POST TEST LEVEL OF KNOWLEDGE REGARDING ILL EFFECTS OF TELEVISION WATCHING AMONG SCHOOL CHILDREN

The pre test level of knowledge regarding ill effects of television watching indicated that, majority of the school children 63.33% had moderately adequate knowledge, 36.67% had inadequate knowledge and no one had adequate knowledge. Whereas thepost test level of knowledge indicates that, 68.33% had adequate knowledge, 31.67% had moderately adequate knowledge and no one had inadequate knowledge.

4. FINDINGS RELATED TOTHE EFFECTIVENESS OF CHILD TO CHILD PROGRAM THROUGH POWER POINT PRESENTATION ON KNOWLEDGE REGARDING ILL EFFECTS OF TELEVISION WATCHING AMONG SCHOOL CHILDREN

It represents that in pretest mean value was 13.61 with standard deviation of 2.04. Where as in post test mean value was 24.92 with standard deviation of 3.42. The mean difference was 11.31 and the paired‘t’ test value was 39.32. Child to child program through power point presentation was effective to increase the knowledge at ‘p’ value was < 0.001 (***).

5. FINDINGS RELATED TO ASSOCIATION BETWEEN THE POST TEST LEVEL OF KNOWLEDGE AND SELECTED SOCIO DEMOGRAPHIC VARIABLES AMONG SCHOOL CHILDREN

It represents the summary of chi-square analysis, which showed there was a significant association between the post test level of knowledge among school children and their selected demographic variables like age (0.00000992***) and grade of child (0.00759**) and clinical variable like previous knowledge (0.0067**) with post test level of knowledge.

CONCLUSION

The following conclusion were made from the findings of the study

- The major conclusion of the present study was child to child program was effective in increasing knowledge regarding ill effects of television watching among school children.
- The school health nurses can include child to child program in their routine activity to improve the knowledge among school children.

IMPLICATIONS OF THE STUDY

Based on the findings the researcher recommended the implications on nursing practice, nursing administration, nursing education and nursing research.

NURSING PRACTICE

- The health professionals including nurses and health care practitioners are able to make significant contributions to promote knowledge, attitude and practice among school children regarding ill effects of television watching.
- The health team members reveal that the importance of formulating and implementing various teaching program regarding ill effects of television watching.
- The nursing students should be taught about the importance of child to child programme during hospitalization of children.

- ❖ The school health nurses have a major role in assessing and providing necessary action among school children to maintain their physical health and excel in academic performance by minimizing the impact of media.
- ❖ Community health nurses also can educate the school children in the community regarding ill effects of television watching

NURSING EDUCATION

- ❖ Nurse educator needs to prepare the nursing students to obtain the skills in identifying and educating the school children regarding ill effects of television watching.
- ❖ The student nurse must be prepared to use the technology in providing effective health education regarding ill effects of television watching.
- ❖ Child to child program can be demonstrated to the students to enhance professionalism.

NURSING ADMINISTRATION

- ❖ Nursing administrator can facilitate the community health program to be focused on the identification and management of ill effects of television watching among school children.
- ❖ Mass health education can be planned to impart appropriate knowledge to school children regarding ill effects of television watching.
- ❖ Nurse administrator should also plan to conduct the educational programmes by means of child to child approachon various health aspects among school children periodically.

NURSING RESEARCH

- ❖ Similar study can be concluded on a large sample so it could be generalized.
- ❖ Study can be conducted to assess the knowledge, attitude and practice among school children regarding ill effects of television watching.
- ❖ The study findings help to expand professional knowledge upon which further research can be conducted.

- Disseminate the findings of research through conferences, seminars, forums and publishing in nursing journals and web based publication to promote effective utilization of research findings.

RECOMMENDATIONS

- The same study can be conducted on a larger population.
- A similar study can be conducted in clinical settings.
- The study can be performed as comparative study in different settings.
- A similar study can be conducted for different age group of children.
- The similar study can be conducted with other methods like role play, demonstration instead of power point presentation.
- There should be major initiative to spread awareness among the general public by conducting periodic mass education.

CONCLUSION

The overall experience of conducting the study was new experience for the investigator in the field of research. The constant encouragement and the direction of guides, co-operation of respondents to participate in the study contributed to the fruitful and successful completion of the study.

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ANNEXURE I

LETTER SEEKING PERMISSION TO CONDUCT STUDY

Annammal College of Nursing

(Approved by Govt. of Tamilnadu, TN Nurses & Midwives Council, Indian Nursing Council and Affiliated to The Tamilnadu Dr. MGR Medical University)

Annammal Hospital Campus, KUZHITHURAI - 629 163

K.K. Dist, Tamil Nadu. Ph : 04651 - 260614, Fax : 04651 - 260605

www.annammalnursing college.com Email : annammalcollege2007@yahoo.co.in

Dr. Sheeba Jayalal MBBS, DGO
Chairperson

Date : .....

Our Motto : Heal us to Heal others"

From

Prof. Mrs.J.M. Jerlin Priya M.Sc (N)., Ph.D.,
Principal,
Annammal College of nursing,
Kuzhithurai.

To

Respected Sir/Madam,

Sub: Seeking permission to conduct the research study.

Mrs. Brindha Mary, II year M. Sc (N) student of Annammal College of Nursing, Kuzhithurai, is approaching you to conduct a research on "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District". Which she has to complete as a partial fulfilment of university requirement for the award of Master of science in Nursing degree.

In this regards I humbly request you to give permission to conduct the study in your school.

Thanking you

Yours faithfully,

Principal
Annammal College of Nursing
Kuzhithurai, K.K. Dist.,- 629 163

Permitted

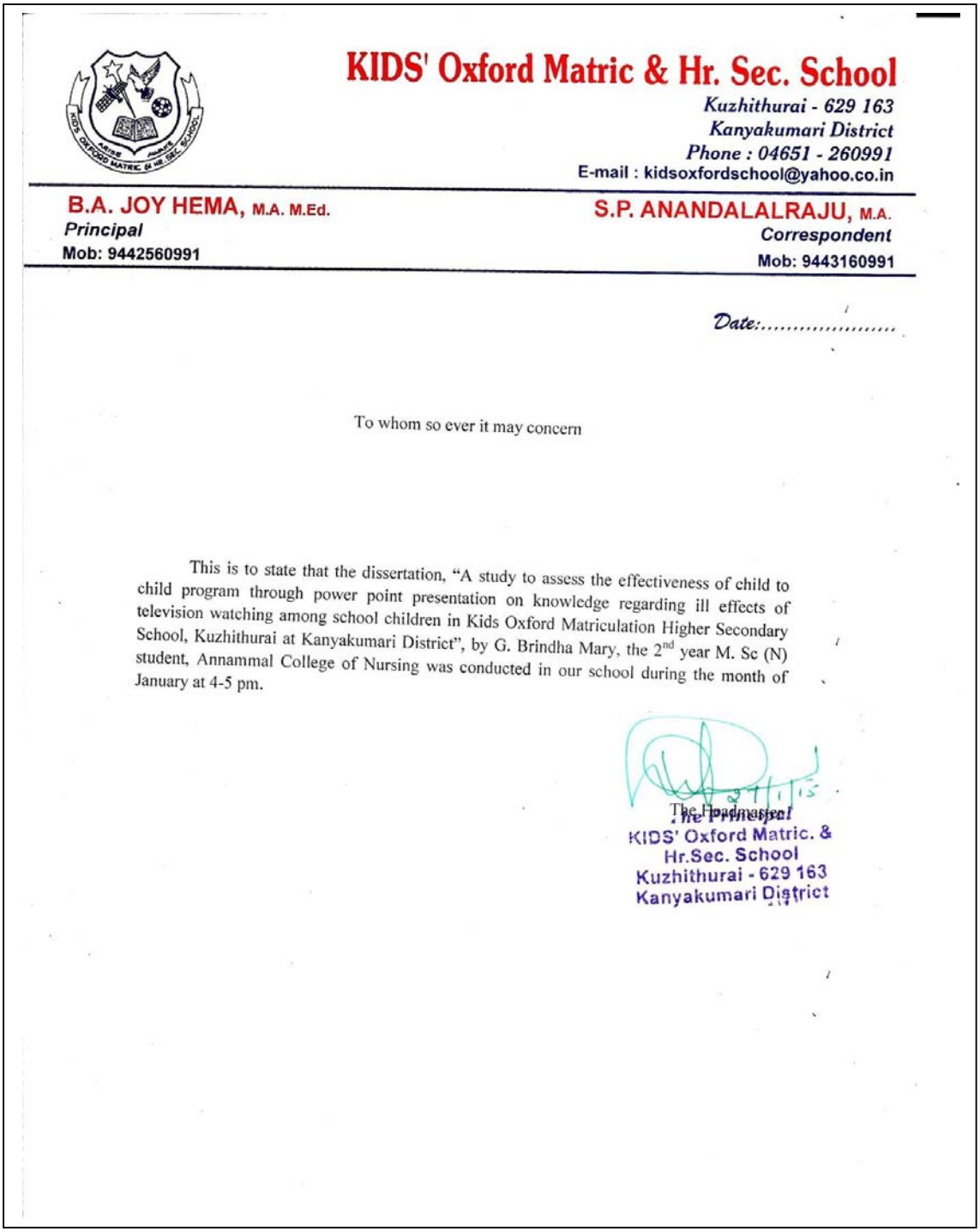
The Principal
KIDS' Oxford Matric. & Hr.Sec. School
Kuzhithurai - 629 163
Kanyakumari District

ANNAMMAL COLLEGE OF NURSING KUZHITHURAI

"What we are is gift of god and What we become is gift to god"

ANNEXURE II

LETTER GRANTING PERMISSION TO CONDUCT THE STUDY



KIDS' Oxford Matric & Hr. Sec. School
Kuzhithurai - 629 163
Kanyakumari District
Phone : 04651 - 260991
E-mail : kidsoxfordschool@yahoo.co.in

B.A. JOY HEMA, M.A. M.Ed.
Principal
Mob: 9442560991

S.P. ANANDALALRAJU, M.A.
Correspondent
Mob: 9443160991

Date:.....

To whom so ever it may concern

This is to state that the dissertation, "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District", by G. Brindha Mary, the 2nd year M. Sc (N) student, Annammal College of Nursing was conducted in our school during the month of January at 4-5 pm.

The Headmaster/
The Principal
KIDS' Oxford Matric. &
Hr.Sec. School
Kuzhithurai - 629 163
Kanyakumari District

ANNEXURE III

ETHICAL COMMITTEE LETTER

ETHICAL CLEARANCE CERTIFICATE

Valid from: 2014

Valid to: 2015

Name of the Investigator: Mrs. G. Brindha Mary

The Ethical committee meeting held on 07-03-2014 had reviewed the project titled "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District". The proposal was submitted before the ethical committee for the acceptance and found to be acceptable on ethical grounds. The ethical committee held responsibility and accountability for the investigator for any other administrative/regulatory approvals that may pertain to this research. This has to be carried out according to the conditions outlined in the original protocol submitted for ethical review.

This certificate of approval is valid for the time period provided, there is no change in the methodology protocol or consent process and documents.

Any significant change should be reported to guide for its considerations in advance for its implementation.

Signature of Research Committee members :

1. Dr. SheebaJayalal M.B.B.S.,D.G.O.,
   Chief Medical Officer
2. Dr. Jayalal M.S.,F.I.C.S.,(Germany),M.B.A.,F.I.A.G.E.S
   Chief Surgeon
3. Dr. Solomon M.B.B.S
   Physician
4. Dr. ShanthiAppavu M.Sc(N).,PhD
   Nursing Research Advisor
5. Prof.Mrs.J.M. Jerlin Priya M.Sc(N).,PhD
   Guide

ANNEXURE IV

LETTER SEEKING EXPERTS OPINION FOR THE

VALIDITY OF THE TOOL

Annammal College of Nursing

(Approved by Govt. of Tamilnadu, TN Nurses & Midwives Council, Indian Nursing Council and Affiliated to The Tamilnadu Dr. MGR Medical University)

Annammal Hospital Campus, KUZHITHURAI - 629 163

K.K. Dist, Tamil Nadu. Ph : 04651 - 260614, Fax : 04651 - 260605

www.annammalnursing college.com Email : annammalcollege2007@yahoo.co.in

Dr. Sheeba Jayalal MBBS, DGO
Chairperson

Date : .....

To

Our Motto : Heal us to Heal others"

Respected Madam/Sir,

Sub: M. Sc Nursing Programme – Dissertation – Validation of study tool request- reg.

Mrs. G. Brindha Mary, a bonafide II year M.Sc Nursing student of Annammal College of Nursing is approaching you to obtain validation of her study tool pertaining to her dissertation in partial fulfilment of the requirements for the degree of Master of Science in Nursing. The selected topic is:

"A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District".

In this regard I request you to kindly extent possible technical guidance and support for successful completion of dissertation.

I enclosed here with a checklist for your evaluation.

Thanking you

Yours sincerely,

ANNAMMAL COLLEGE OF NURSING KUZHITHURAI

Principal
Principal
Annammal College of Nursing
Kuzhithurai, K.K. Dist.,- 629 163

"What we are is gift of god and What we become is gift to god"

ANNEXURE V

EVALUATION CRITERIA FOR VALIDATING THE TOOL

Instructions:

The expert is requested to go through the following criteria for evaluation. Three columns are given for responses and a column for remarks. Kindly place tick mark in the appropriate column and give remarks.

Interpretation of column:

Column I: Meets the criteria.

Column II: Partially meets the criteria.

Column III: Does not meet the criteria.

S.NO	CRITERIA	1	2	3	REMARKS
1	**Content** • Adequacy • Relevance • Organized				
2.	**Language** • Simplicity • Clarity • Relevant				
3.	**Scoring** • Easy to score • Clarity				
4.	**Practicability** • Procedure • Utility • Feasibility				

SINGNATURE OF THE EXPERT: ANY OTHER SUGGESSTIONS

NAME:

DESIGNATION:

ADDRESS OF COLLEGE:

ANNEXURE VI

LIST OF EXPERTS

1. **Dr. M. Rajendran, MBBS, DCH,**
   Rajendran Clinic,
   Marthandam,
   Kanyakumari District.

2. **Mrs. Kavitha, M.Sc (N)**
   Principal,
   Saraswathy College of Nursing,
   Parasala,
   Thiruvananthapuram – 695-506

3. **Mrs. Mahizh, M.Sc (N)**
   Principal,
   Global College of Nursing,
   Nattalam,
   Kanyakumari District.

4. **Mrs. Violin Sheeba, M.Sc (N)**
   Principal,
   Thasiah College of Nursing,
   Kanyakumari District.

5. **Mrs. Leena Roselet, M.Sc (N)**
   Associate Professor in Paediatric nursing,
   CSI College of Nursing,
   Karakonam,
   Thiruvananthapuram District.

6. **Mrs. Jasintha.S, M.Sc (N)**
   Associate professor in Paediatric Nursing,
   St. Xavier's Catholic College of Nursing,
   Chunkankadai,
   Kanyakumari District.

7. **Mrs. Malchijah, M.Sc (N)**
   Reader in Paediatric Nursing,
   Christian College of Nursing,
   Neyyoor,
   Kanyakumari District – 629 802.

8. **Mrs. Josephin, M.Sc (N)**
   Associate Professor in Paediatric Nursing,
   NIMS College of Nursing,
   Neyyattinkara,
   Thiruvananthapuram District.

9. **Mrs. Arul Sili Ninchel, M.Sc (N)**
   Associate Professor in Paediatric Nursing,
   Sakthi College of nursing,
   Dindigul.

10. **Mr. Anto Paulin Britto, M.Sc, M.Ed, M.Phil, PG, DBM,**
    Biostatistician,
    Scott Christian College,
    Nagercoil,
    Kanyakumari District.

ANNEXURE VII

RESEARCH PARTICIPANT CONSENT FORM

Dear participant,

I am a M.Sc., Nursing student of Annammal College of nursing, Kuzhithurai, Kanyakumari District. As a part of my study, a research on "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary School, Kuzhithurai at Kanyakumari District" is selected to be conducted. The findings of the study will be helpful in gain knowledge regarding ill effects of television watching among school children.

I herby seek your consent and co-operation to participate in the study, please be frank and honest in your response. The information collected will be kept confidential and anonymity will be maintained.

Signature of the researcher

I ..... hereby consent to participate and undergo the study.

Place:

Date:

Signature of the participant.

ANNEXURE VIII

CERTIFICATE OF ENGLISH EDITING

CERTIFICATE OF ENGLISH EDITING

To whom so ever it may concern

This is to certify that the dissertation, "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary school at K.K Dist", by Mrs. G.Brindha Mary, II[nd] year M.Sc (N) student, Annammal college of Nursing was edited for English Language appropriateness by ....Sybil...Reena....Leitch.....P.G...Asst....L.M.S G.H.S.S Marthandam.

Signature

ANNEXURE IX

CERTIFICATE OF STATISTICAL ANALYSIS AND INTERPRETATION

CERTIFICATE OF STATISTICAL ANALYSIS

To whom so ever it may concern

This is to certify that the dissertation, "A study to assess the effectiveness of child to child program through power point presentation on knowledge regarding ill effects of television watching among school children in Kids Oxford Matriculation Higher Secondary school at K.K Dist", by Mrs. G. Brindha Mary has been checked for the accuracy of statistical analysis and interpretation and was apt for its purpose.

Signature

P. Anto Paulin Brinto
Asst - Prof & Bio Statistician
Scott Christian College
Nagercoil.

ANNEXURE X

TOOL FOR DATA COLLECTION

TOOL - I

Read the following carefully and put the (✓) tick in the appropriate box given.

SOCIO DEMOGRAPHIC PROFORMA

1. **Age**
   a) 11 - 12years ☐
   b) 13 -14 years ☐
2. **Sex**
   a) Male ☐
   b) Female ☐
3. **Grade of the child**
   a) 7^{th} std ☐
   b) 8^{th} std ☐
4. **Birth Order of the child**
   a) First ☐
   b) Second ☐
   c) Third ☐
   d) Four or above ☐
5. **Type of family**
   a) Nuclear ☐
   b) Joint ☐
   c) Extended ☐
   d) Single parent/separated ☐
6. **Family income per month**
   a) ≥36017 ☐
   b) 18000–36016 ☐
   c) 13495–17999 ☐
   d) 8989–13494 ☐
   e) 5387–8988 ☐
   f) 1803–5386 ☐
   g) ≤1802 ☐

7. Occupation of father

- **a)** Profession ☐
- **b)** Semi-Profession ☐
- **c)** Clerical, Shop-owner ☐
- **d)** Skilled worker ☐
- **e)** Semi-skilled worker ☐
- **f)** Unskilled worker ☐
- **g)** Unemployed ☐

8. Occupation of mother

- **a)** Profession ☐
- **b)** Semi-Profession ☐
- **c)** Clerical, Shop-owner ☐
- **d)** Skilled worker ☐
- **e)** Semi-skilled worker ☐
- **f)** Unskilled worker ☐
- **g)** Unemployed ☐

9. **Place of living**

- a) Urban ☐
- b) Rural ☐
- c) Semi urban ☐
- d) Semi rural ☐

CLINICAL PROFORMA

10. Academic performance of child

- a) Excellent (above 90%) ☐
- b) Good (60% - 89%) ☐
- c) Average (35% - 59%) ☐
- d) Below average (below 35%) ☐

11. Duration of television watching

- a) Below 1 hour ☐
- b) 1-2 hours ☐
- c) 3-4 hours ☐
- d) Above 4 hours ☐

12. Previous knowledge obtained

a) Yes ☐

b) No ☐

13. If yes, sources of information

a) Newspaper ☐

b) Television ☐

c) Books ☐

d) Others ☐

TOOL-II

STRUCTURED KNOWLEDGE QUESTIONNAIRE ON ILL EFFECTS OF TELEVISION WATCHING

HEALTHY PRACTICES OF ILL EFFECTS OF TELEVISION WATCHING

1. What do you mean by television?
   a) Communication media ☐
   b) Musical instruments ☐
   c) Playing instruments ☐
   d) Don't know ☐
2. Which is the effective way to spend time in evening?
   a) Watching television ☐
   b) Outdoor games ☐
   c) Playing computer games ☐
   d) Don't know ☐
3. How many hours' children can watch television per day?
   a) < 1 hour ☐
   b) 1-2 hour ☐
   c) > 2 hour ☐
   d) Don't know ☐
4. Where should be the TV placed in a home?
   a) Hall ☐
   b) Dining hall ☐
   c) Bed room ☐
   d) Don't know ☐
5. What is the distance to be maintained while watching television?
   a) Below 5.1 feet ☐
   b) 5.1 feet – 8.4 feet ☐
   c) Above 8.4 feet. ☐
   d) Don't know ☐
6. What is the focal point while watching TV?
   a) Lateral ☐
   b) Central ☐
   c) Diagonal ☐
   d) Don't know ☐

7. Which is the proper level of the eye which must be maintained while watching TV?
    a) Eye level ☐
    b) Below eye level ☐
    c) Above eye level ☐
    e) Don't know ☐
8. Which position will be maintained during TV watching?
    a) Sitting ☐
    b) Lying down ☐
    c) Half-lying ☐
    d) Don't know ☐
9. What type of lighting around we need to have while watching TV?
    a) Dim light ☐
    b) Bright light ☐
    c) Dark ☐
    d) Don't know ☐
10. Which time a child could not watch TV?
    a) Late night ☐
    b) Morning ☐
    c) Evening ☐
    d) Don't know ☐

ILL EFFECTS OF TELEVISION WATCHING

11. How does TV watching affect the eye sight?
    a) It slowly lowers the eye sight ☐
    b) It gradually improves the eye sight ☐
    c) It keep the eye sight as usual ☐
    d) Don't know ☐
12. What is the physiological effect of prolonged watching television?
    a) Aggression ☐
    b) Violent ☐
    c) Excessive amount of eye-strain ☐
    d) Don't know ☐

13. What is the effect of listening to loud noises during TV watching?

a) Eye strain ☐
b) Hearing impairment ☐
c) Improves activity ☐
d) Don't know ☐

14. How does TV watching influence the sleeping pattern?

a) It helps for regular sleep ☐
b) It leads to disturbed sleep ☐
c) It makes unable to sleep ☐
d) Don't know ☐

15. How does watching television affect academic performance in school?

a) Excellent ☐
b) Good ☐
c) Average ☐
d) Don't know ☐

16. How does TV watching affect the child's development?

a) Does allow the child to take responsibilities ☐
b) Does allow the child to be careless ☐
c) Does allow the child to display the parents ☐
d) Don't know ☐

17. How does TV watching affect the behaviour in school?

a) Causes violence in the classes ☐
b) Keeps the schools calm and quiet ☐
c) Keeps the child unusually happy ☐
d) Don't know ☐

18. How TV watching affect memory?

a) Reduces memory capacity ☐
b) Improves memory ☐
c) Improves intelligence ☐
d) Don't know ☐

19. What will be the effect of prolonged TV watching on vocabulary development?

a) Vocabulary becomes difficult ☐
b) Vocabulary becomes improved ☐
c) Vocabulary remains the same ☐
d) Don't know ☐

20. How does TV watching affect the learning of schoolers?

a) It leads to learning of unwanted matters ☐
b) It leads to learning of wanted matters ☐
c) It leads to learning of entire matters ☐
d) Don't know ☐

21. What is the effect of TV watching on weight?

a) Weight gain ☐
b) Reduce weight ☐
c) Does not affect weight ☐
d) Don't know ☐

22. What is the effect of TV watching in eating habit?

a) Over eating ☐
b) Under eating ☐
c) Regular eating ☐
d) Don't know ☐

23. How does TV watching produce obesity?

a) Only eating, sleeping and no activity ☐
b) Being active, regular eating and not sleeping ☐
c) Sitting, poor eating and not sleeping ☐
e) Don't know ☐

24. What will be the effect of prolonged TV watching on spending time?

a) Really waste of time ☐
b) Little affect time ☐
c) Good utilisation of time ☐
d) Don't know

25. How does TV watching influence communication among family members?

a) Poor communication ☐
b) Moderate communication ☐
c) Good communication ☐
d) Don't know ☐

26. How does TV watching affect the family?

a) Doesn't affect parents child relationship ☐
b) Causes impaired family process ☐
c) Causes improved family process ☐
d) Don't know ☐

27. What will be the effect of prolonged TV watching on fear of darkness?

a) No fear ☐
b) Moderate fear ☐
c) Extreme fear ☐
d) Don't know ☐

28. How does TV watching produce heart problem?

a) Too much eating and not doing excersice reduce the pumping action of the heart. ☐
b) Poor eating and too much sleep, causes impaired heart function ☐
c) Regular eating and regular sleeping, does not affect heart function ☐
d) Don't know ☐

29. What will be the effect of prolonged TV watching on substance abuse?

a) Smoking ☐
b) Drug abuse ☐
c) Smoking, alcoholism, tobacco and drug abuse ☐
d) Don't know ☐

30. What are the malpractices arise due to continuous TV watching?

a) Bullying ☐
b) Fantasy and imitating behaviour ☐
c) Fighting, bullying, fantasy and imitating behaviour ☐
d) Don't know ☐

KEY ANSWERS OF KNOWLEDGE QUESTIONNAIRE

Item No.	Correct Response
1	a
2	b
3	b
4	b
5	a
6	b
7	b
8	a
9	b
10	a
11	a
12	c
13	b
14	b
15	c
16	b
17	a
18	a
19	a
20	c
21	a
22	a
23	a
24	a
25	b
26	b
27	c
28	a
29	c
30	c

SCORE INTERPRETATOIN

21 – 30 ⟶ Adequate

11 – 20 ⟶ Moderately adequate

0 – 10 ⟶ Inadequate

ANNEXURE XI

LESSON PLAN ON ILL EFFECTS OF TELEVISION WATCHING

INTRODUCTION

Television watching is an experience shared by the vast majority of children and adults. It is convenient, inexpensive, and attractive, within the reach of general public. In this way, TV has become an important mass media around the world. Television can be enormously entertaining the children and can teach them some things, but too frequently if it is used, it is a substitute for other activities.

DEFINITION

Television

Television is an apparatus that receives such signals, reproducing the images on a screen, and typically reproducing accompanying sound signal on speakers.

Television Watching

Television watching is defined as the transmission of dynamic or sometimes static images, generally with accompanying sound, via electric or electromagnetic signals.

REASONS FOR TELEVISION WATCHING

- Children watch TV when they are bored.
- Lack of parent- child interaction.
- Urbanization
- Socio economic status
- Only one child.

ADVANTAGES OF TELEVISION WATCHING

- ✓ Television is the easiest source of entertainment.
- ✓ By watching news channel we get updated with the things going around the world.
- ✓ Channels like discovery gives information about wild life.
- ✓ Watching quiz shows can increase our knowledge.

HEALTHY PRACTICES OF TV WATCHING

- Research has confirmed that children watch television about 1-2 hours per day.
- Television should be placed in hall.
- The distance is 8.0feet to 9.02feet should be maintained while watching television.
- The good focal point is central while watching TV.
- The proper eyelevel should be maintained while watching television.
- Sitting position is the best choice for watching television.
- The children must watch television in bright light because dim light spoil the eyesight.
- Late night should not watch television because the brain should be affected.

ILL EFFECTS OF TELEVISION WATCHING

VISUAL DISTURBANCE

- Too much of television watching is caused by impairment of vision because the radiation passing from the television and remote control.
- One of the physiological effects of watching television in excessive amounts is eye-strain.

HEARING IMPAIREMENT

- The children are hearing loud noises from television and it is caused hearing impairment.
- One of the first signs of hearing loss is that you find the TV hard to hear without turning up the volume so loud that your neighbours can hear what you're watching.

SLEEP PATTERN DISTURBANCE

- Children watching at late night, scary shows may affect sleeping pattern.
- The sleep domains that appeared to be affected most consistently by television were bedtime resistance, sleep onset delay, and anxiety around sleep, followed by shortened sleep duration.

MENTAL AND EMOTIONAL DEVELOPMENT

- Repeated exposure to television or related activity can affect a child's mental and emotional development.
- Poor performance in school, especially in the areas of language and reading. If TV is substituted for reading and talking with others a young age, children may have delayed language development.
- Reduced mental effort exerted as a result of television viewing. Television typically places minimal intellectual demands of the child, which can create a pattern of laziness and disinterest in more challenging intellectual pursuits.
- Being less able to use imagination, too much TV can lead to an overload on the visual part of the brain, while depriving other parts of the brain.

OBESITY

- Children who are addicted to watch television instead of playing outdoor games are more prone to obesity.
- Two primary mechanisms for this relation have been suggested, reduced energy expenditure from displacement of physical activity and increased energy intake, either during viewing or as a result of food advertising.
- The association between television viewing and food consumption can be explained. Breakfast cereals, snacks and fast foods are among the most heavily advertised products on television programmes aimed at children and tend to have higher energy density than other products such as fruits or vegetables which are less frequently advertised.
- Too much television watching leads to waste of our time because at that time we can do many activities.

POOR FAMILY INTERACTION

- Children are watching television continuously; they are not communicating with the family members.
- Television may also affect relationship between families since it may not allow spending quality time with each other. It may also stop people from following other good habits like reading books and socializing.

VIOLENT AND AGGRESSIVE BEHAVIOUR

- Early exposure to TV violence places both male and female children at risk for the development of aggressive and violent behaviour in adulthood.
- Albert Bandura's social learning was based on the fact that children would easily learn and model their behaviour to what they have observed on film or television.
- He claimed that children who have watched programming with violent actions have a tendency to imitate those actions.
- Children were mostly affected by the following:
    - Context and messages of violent movies.
    - System of punishment seen in their movies.
    - Reinforcement of the filmed aggressor.

TV PROGRAMMES FOR CHILDREN

- News
- Cartoons
- Quiz programmes
- Discovery channels
- Reality show for children

MORBIDITY ASSOCIATED WITH TV WATCHING

- Obesity
- Cardiovascular diseases
- Diabetes
- Visual impairments
- Neck pain
- Back pain
- Aggressive and violent

STEPS TO REDUCE ILL EFFECTS OF TELEVISION WATCHING

- Limit the number of television watching hours by control our self.
- Keep TV out of children's room.
- Turn off the TV during meals.
- Children should not watch TV and spend time with their family.

- Don’t allow child to watch TV while doing homework.
- Encourage outdoor games during evening time.
- Reading educational books boosted vocabulary knowledge.
- Involves in sports, school work and extracurricular activities.
- Avoid late night television watching.
- Family members should invite their children to plan a weakened trip.
- Look for programs your family can watch together
- Choose shows that foster interest and learning in hobbies and education (reading, science, etc.).

CONCLUSION

Watching television may take place of social interaction with friends and family depriving children of sharing ideas and feelings. So we can reduce the television watching time and improve our activity.

ANNEXURE XII

MASTER CODE SHEET

Sl. No	Demographic variables									Clinical variables		
	Age	Sex	Grade	Birth order	Type of family	Family income per month	Occupation of father	Occupation of mother	Place of living	Academic performance	Duration of television watching	Previous knowledge
1	a	b	a	a	b	c	b	f	d	a	b	b
2	b	b	a	a	b	c	c	g	a	c	c	b
3	b	b	a	a	b	d	f	d	b	b	c	a
4	a	a	b	b	a	e	a	g	b	a	c	b
5	a	a	b	b	a	c	d	a	a	c	b	b
6	a	a	a	b	a	e	c	g	b	b	c	a
7	b	a	b	b	a	d	f	f	d	d	c	b
8	b	a	b	a	a	d	a	c	b	a	c	b
9	b	a	a	a	b	c	e	g	b	c	c	a
10	b	a	b	b	a	d	d	g	a	b	d	b
11	b	b	b	a	b	e	a	a	b	b	c	b
12	a	b	a	a	a	c	d	d	b	a	b	a
13	a	b	a	b	b	d	f	g	d	c	d	b
14	a	b	a	b	b	c	f	f	b	d	c	b
15	a	b	b	b	b	e	b	a	b	b	c	a
16	a	b	b	a	b	d	a	f	a	a	c	b
17	a	b	b	a	a	c	d	c	d	c	d	b
18	a	b	a	b	a	e	a	f	b	c	c	a
19	a	a	b	a	b	e	a	d	b	b	b	b
20	b	a	a	a	a	d	c	g	b	d	c	b
21	a	b	b	b	a	d	f	a	a	a	c	b
22	b	b	b	b	a	e	b	f	d	b	c	a
23	b	a	b	a	a	d	d	g	b	c	b	a
24	b	a	a	a	b	d	c	c	b	c	c	b
25	b	b	a	a	a	c	a	f	a	a	d	a
26	b	a	a	a	a	c	a	g	b	d	c	b

27	b	b	b	a	b	e	c	f	b	b	c	b
28	a	b	b	b	b	d	f	g	d	c	c	b
29	a	b	b	a	a	c	d	c	b	c	b	a
30	a	b	a	a	a	e	f	g	a	d	c	a
31	b	b	a	a	b	e	f	a	a	b	c	a
32	b	b	a	b	b	d	d	g	b	a	d	a
33	a	b	b	b	a	d	c	g	d	b	c	b
34	a	b	b	a	b	e	a	g	b	c	c	b
35	b	b	b	a	a	c	e	c	a	d	b	a
36	b	b	a	b	b	d	d	d	b	b	c	a
37	b	a	a	a	a	c	b	f	b	c	c	a
38	a	a	b	b	b	e	f	f	d	a	d	b
39	b	a	b	b	b	c	a	g	b	b	c	a
40	a	b	a	a	a	d	c	c	a	d	c	b
41	b	b	a	b	a	e	d	g	d	b	b	a
42	a	a	b	b	b	e	f	a	b	c	c	a
43	b	b	a	a	a	c	c	g	b	a	c	a
44	b	a	a	a	b	e	d	f	a	b	d	b
45	a	a	a	b	b	d	a	g	b	b	c	b
46	a	a	b	a	a	d	f	g	d	a	c	a
47	a	a	b	b	a	e	a	c	a	c	b	a
48	a	b	b	a	b	d	a	g	b	b	c	b
49	b	b	b	a	a	c	c	g	b	b	c	a
50	b	b	a	b	b	d	d	g	a	d	d	b
51	b	b	a	a	b	e	b	d	b	a	b	a
52	a	a	b	b	a	d	a	g	b	c	c	a
53	a	b	a	b	b	d	d	f	b	b	c	b
54	b	b	a	a	a	c	f	g	a	a	b	a
55	a	a	b	a	b	e	f	c	b	c	c	a
56	a	a	b	a	a	d	c	g	b	b	c	a
57	b	a	b	b	b	d	a	g	a	c	d	b
58	b	a	a	b	a	d	d	g	b	b	b	b
59	a	b	b	a	b	e	b	g	b	c	c	b
60	b	a	a	a	b	c	a	d	a	c	c	b